Cross-Cultural Comparison of Cosmetic Procedures in Latin America and East Asia


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**Abstract**

VORISEK REBECCA: Cross-Cultural Comparison of Cosmetic Procedures in Latin America and East Asia
(Under the direction of Dr. Jeff Jackson)

This paper explores the factors that influence women's decisions to undergo cosmetic procedures, including: globalization, westernization, patriarchy, empowerment, and endogenous factors. It specifically focuses on East Asia and Latin America focusing on South Korea, China, Brazil, and Argentina and offers a cross-cultural comparison between these regions and countries as well as between the world and the West. I compiled and analyzed data from the International Society of Aesthetic Plastic Surgery (ISAPS) 2011 annual report to create profiles of the most common cosmetic procedures performed for each region and country, and these profiles were then compared to one another. Through my research, I found that globalization has influenced the cosmetic surgery industry, but that this is not synonymous with a 'westernizing' of beauty ideals. My research also supported the conclusion that regional ideals of beauty more strongly influence women's decisions to undergo cosmetic procedures, and that the East Asian profiles show a homogenized regional ideal of beauty that women seek to achieve through cosmetic procedures.

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## Introduction

Have you ever been somewhere and heard strangers walking by commenting on your big nose or large eyes? Well that is what it is like to walk through the crowded streets or sit on a subway car in China. While no one says it maliciously, it was something that at first caught me off-guard and made me feel uncomfortable in China. I soon realized that not only are Chinese people in general more forthcoming about commenting on people's appearances directly—like how someone has gained weight or looks older—but that these comments were not taboo like they are in the West.

After spending a semester in South America, I realized that these topics also were not considered taboo there. People talked very freely about people's figures and age in front of them, and it was not considered rude. People would even call friends and family *gordo* (fat) or *calvo* (bald) as endearing nicknames, which is something that definitely would not pass in American society.

I initially became interested in this topic after my first trip to China because the importance of being thin and beautiful was an aspect that seemed to permeate through almost every aspect of my Chinese female friends' lives. While being thin and beautiful is also something important to my female friends in the United States, it did not seem to hold as much importance in their daily lives and decisions as those of my Chinese friends. My Chinese friends would wear bleaching masks to whiten their skin, or very frequently say they could not join me for dinner because they were simply not eating today because they needed to lose a few pounds. I also had a teacher who had undergone plastic surgery, and it was something that was becoming more common in China, and in Asia overall.

I decided to investigate plastic surgery in China to see what factors influenced cosmetic surgery rates and why cosmetic surgery became popular so rapidly in China and East Asia. After doing some preliminary research, I realized that according the International

Society of Aesthetic Plastic Surgery's (ISAPS) global statistics, the top five countries for annual cosmetic surgery rates for most years are the United States, Brazil, China, Japan, Mexico, India, and South Korea. This was surprising, because aside from the United States, the rest of the countries leading the cosmetic surgery industry are in Asia or Latin America. This led to the following questions:

1. How do regions and countries' cosmetic surgery profiles compare to one another? Which procedures are most common? Which procedures differ the most between the profiles?
2. What are the causes of these trends in favor of cosmetic surgery? Is there an attempt in these regions to become more "Westernized" through cosmetic surgery, or do other factors like local history and culture define beauty ideals to a greater extent? Do societal gender roles and stereotypes pressure women to become more beautiful and thus undergo more cosmetic procedures?

## Background Literature

### *Westernization and Globalization*

For the purpose of this paper, globalization will be conceptualized using the definition given by David Held in *Global Transformations: Politics, Economies, and Culture*:

> "a process (or set of processes) which embodies a transformation in the spatial organization of social relations and transactions—assessed in terms of their extensity, intensity, velocity, and impact—generating transcontinental or interregional flows and networks of activity, interaction, and the exercise of power" (Held 1999).

Westernization will be defined as "a process whereby Western culture and social institutions and practices spread across societies in other parts of the world… [it is] approximately equivalent to modernization and industrialization" (Walsh 2012: 195).

Many scholars refer to globalization and westernization as similar processes or processes that happen simultaneously. While westernization and globalization are often considered to represent modernization, the difference between the two terms lies within the assumption that the Western culture, institutions, and practices are superior or more desirable. Westernization generally is also associated with colonialism and imperialism, whereas globalization solely refers to the shrinking of the geographical world through transcontinental flow of various cultures, institutions and ideas. Ultimately, while Westernization could be considered a type of globalization, globalization does not imply the movement or adoption of Western culture to non-Western regions.

Many debates surrounding the popularity of cosmetic procedures in regions outside Europe and North America attribute the rising popularity of cosmetic procedures to a globalized or westernized ideal of beauty; however, these notions tend to disregard centuries of history and traditions. To look at cosmetic procedures only through a western or global lens ignores other significant factors.

Meeta Rani Jha in her book *The Global Beauty Industry* explores themes of gender, race, class, colorism, and nation within beauty ideals and the beauty industry. Through an in-depth analysis of past research, literature, and case studies, she argues that colonialism and imperialism institutionalized notions of 'white is better' that has deeply influenced non-Western people's notions of beauty. She explains that beauty practices like "cosmetic whitening," a term coined in 1992 by a group of sociologists, explains the whitening of skin as an "internalized ideal held by people around the world that being lighter skinned and more

Western looking is better" (Rani Jha 2016: 10). She ultimately concludes that cosmetic procedures propose a permanent solution for non-Westerners to appear more Western.

Rani Jha further explores the influences European colonialism left on Latin American ideals of beauty. As cited by Rani Jha, Margaret Hunter argues that European colonialism has left a "lasting imprint" on Latin America that whiter and more European looking people are more privileged and are "learning, earning, and marrying more" (Hunter as cited in Rani Jha 2016: 45). Rani Jha agrees with Hunter by stating that colonialism set a standard of a "superiority of whiteness" where whiteness signified beauty, modernity, and education, and non-whites were considered ugly, less-educated, and barbaric (Rani Jha 2016: 6). This was further institutionalized in the academic sphere through scientific racism, which was the lens through with much sociological and anthropological research was conducted until the early twentieth century that analyzed and studied non-white cultures as inferior or less modern to the White standard (6). This ultimately created and institutionalized a notion of white is more beautiful in both Western and non-Western societies. As Rani Jha states: "the superiority of whiteness was consolidated by speaking of it as a moral and progressive force, and nonwhite people were labeled as less beautiful, even ugly, because of their biological differences and thus defined as less moral and less human. The white standard of beauty created a hierarchy of humanness with Europeans at the top of the racial hierarchy" (Rani Jha 2016: 6). This would suggest that if European colonialism still affects beauty ideals in Latin America, then the cosmetic procedures that would be most desirable would 'Europeanize' or 'whiten' the patient.

Rani Jha further explores the effects of globalization on transmuting beauty ideals and the popularizing of cosmetic surgery through things like beauty pageants, fashion magazines, Photoshop, advertisements, and Hollywood. She argues that these events and images re-inforce globalized ideals of beauty by promoting certain skin colors, body sizes and shapes,

hair texture and facial features (2016: 8). If this is true, it would suggest that these beauty practices would create a more globalized ideal of beauty by transmitting beauty ideals cross-culturally that are further re-enforced daily through the internet and television.

Rani Jha continues her analysis by explaining how other global and structural influences exist that affect cosmetic procedures and ideals of beauty, including: internal colonialism, national policies of racial assimilation, reinforced notions of gender and racial inequality, and the global expansion of consumerism (2016: 5). She argues that all of these factors create a sphere where racism, sexism, and gender norms affect body images.

However, both globalization and westernization arguments concerning beauty ideals tend to ignore other endogenous factors as well as the culture and traditions that existed prior to colonialism and globalization.

Ruth Holliday and Joanna Elfving-Hwang discuss two distinct types of cosmetic surgery: 'white' cosmetic surgery and 'ethnic' cosmetic surgery. They define 'white' cosmetic surgery as surgeries performed to normalize a woman's body to societal feminine standards of beauty (for example—tummy tucks and breast augmentations), whereas 'ethnic' cosmetic surgery is defined as gender-neutral procedures that seek to erase some ethnic characteristic or approach a more 'white' appearance (Holliday and Elfving-Hwang 2012).

In the context of 'ethnic' cosmetic surgery, blepharoplasty, or double eyelid surgery, is often posited as a westernizing procedure when undergone by East Asians, even though many Westerners themselves undergo the procedure. Holliday and Elfving-Hwang argue that blepharoplasty must be considered in a wider context, since across cultures (Asian and non-Asian), wider eyes universally signify youthfulness and energy and are thus more desirable (2012:17). They use South Korean beauty practices to argue that many cosmetic practices that seem to fit a westernized ideal of beauty existed prior and the westernized ideals of beauty aligned with certain pre-existing Korean notions of beauty, wealth, and status (74).

They mention that South Korean women have used eyelid tapes and glues as part of their makeup routine for decades, which would suggest that South Koreans have considered larger or wider eyes more beautiful before the globalized world would have profoundly affected beauty ideals (71). Holliday and Elfving-Hwang conclude that blepharoplasty provides South Korean women with a permanent fix that saves them time and effort during their daily beauty routines, which is most likely the most appealing part of the surgery (71).

Holliday and Elfving-Hwang further note that in current-day South Korea, people who have too much adipose fat removed from the eyelid are negatively seen as trying to be "artificially Western" and rejecting their Korean roots and nationality (71). This idea of being too Western looking or erasing one's Korean ethnicity applies to all cosmetic procedures in South Korea, not just blepharoplasty. Holliday and Elfving-Hwang comment that on the surface it can appear as though South Korean cosmetic surgery patients seek to appear more Western, but that in reality South Koreans perceive cosmetic surgery as a method to enhance "Koreanness" in response to Korean societal pressures and traditional practices (71). Unsuccessful surgery in South Korea is thus often referred to as creating unnatural 'Western' features, whereas a "natural (Korean) look" has become associated with wealth and status (62). As Holliday and Elfving-Hwang state: "successful surgery with no expense spared should look 'natural', where natural is importantly defined as enhancing *Korean* features…[since] only the well-off can afford the services of the best clinics…the 'natural (Korean) look' emerges as a sign of affluence and middle-class status" (62).

The work of Rani Jha and Holliday and Elfving-Hwang offer historical background and reasoning as to why people would consider Western ideals of beauty to be beautiful outside of the West. This would largely be due to colonialism and the institutionalization of the notion that white Europeans are more civilized, beautiful, and modern than non-white European people and civilizations. This argument suggests that these non-white societies still

hold deep-seeded notions that stem from colonialism notion that the European ideal of beauty is the best that continue to affect local ideals of beauty today.

With this project, I hope to discover if local beauty ideals, traditions, and history more deeply influence beauty ideals in East Asia and Latin America rather than the effects of Westernization and globalization. I will address this by researching local factors for undergoing cosmetic surgery and then analyzing data on the popularity of cosmetic procedures and its relation to these influences.

*Feminist Approaches*

Most of the feminist literature on beauty revolves around two concepts: subjection of the woman under the structures of patriarchy and a woman's agency and personal empowerment. These two arguments fall under the second and third waves of feminism. The second wave of feminism considers beauty ideals and femininity as imposed on women by patriarchy, whereas the third wave of feminism critiques the earlier feminists' arguments about beauty as too narrow and only including middle and upper-class white women's experiences (Rani Jha 2016:20).

The second wave feminist approach generally view cosmetic surgery as a result of patriarchal societies' pressures on women and argues that women are "cultural dupes' to patriarchal oppression" that succumb to societal pressures to conform to "hegemonic notions of an attractive female form" (Stuart, Kurz, and Ashby 2012: 405-6).

While being beautiful has always been lauded to some extent in most societies and time periods, Naomi Wolf argues in her book *The Beauty Myth* that it was not until the modernization and industrialization of society that beauty became an integral part of society and the economy as well: "ideas about beauty evolved since the Industrial Revolution side by

side with ideas about money, so the two are virtually parallels in our consumer economy" (Wolf 1991: 20). After the Industrial Revolution, when women became more economically independent and joined the workforce in masses, beauty became commodified and has become a more important aspect in our modern, capitalist society mainly due to more accessibility to beauty products and an increase in the independent economic wealth of women.

Wolf argues that after industrialization, and even more so after the end of the Second World War, women achieved more economic independence, and that this newfound independence created concerns about soldiers returning home to a public sphere saturated with women and empty homes. People believed this would cause societal and economic unrest because the job market would be more competitive and also because it disrupted the societal patriarchy and traditional structure of the household (Wolf 1991: 13). According to Wolf, this caused the creation of the "beauty myth." Wolf defines the beauty myth as a physical standard imposed on women in the workplace that expresses the disproportionate distribution of power between men and women where women must "unnaturally compete for resources that men have appropriated for themselves" (12). Wolf describes the beauty myth as society's way of hindering woman's upward movement in society, lowering women's overall competitiveness in the public sphere, and reinforcing the male-dominated societal structure by undermining women's abilities by creating a beauty criteria necessary for jobs (12).

Wolf also discusses how beauty affects women's eligibility in the job market through what she refers to as the professional beauty qualification (PBQ), which is a beauty qualification for a job that is grounds for dismissal based on the fact that being beautiful or having a certain "look" is a necessary requirement for the job to be done properly (28). Wolf concludes that as a result of the beauty myth, beauty expectations negatively affect women in

the workplace by undermining her skills, intelligence, and capabilities while also threatening her job security.

Wolf and other second wave feminists agree that the cosmetic surgery industry reaps direct benefits from the beauty myth because many "older…women who have made advances within every profession… [are] being forced to see the signs of age as a 'need' for plastic surgery. They recognize this 'need' as a professional, rather than personal, obligation" (Wolf 1991: 55). Furthermore, the pressures society has placed on women to be beautiful is not just professional pressure, but also economic. Women oftentimes must pay a significant amount of their income on makeup, clothes, or procedures to meet society's perception of beauty. For example, Wolf quotes that a typical ambitious career woman in New York in the 90s spent nearly a quarter of her $60,000 income on "self-preservation," and deemed this as a necessary expenditure to ensure her continued social and economic upward mobility (53).

Third wave feminism differs from second wave feminism in that it focuses on race and sexuality as influencing beauty and femininity and stresses that women have an agency in choosing to invest in beauty as a social and economic capital that empowers them by increasing their educational and occupational opportunities (Rani Jha 2016: 20). This perspective sees women as having an individual choice as to undergo cosmetic procedures: "[women are] free-thinking liberal subjects who exercise their individual right to choose to partake in (and pay for) [plastic surgery]" (Stuart et al 2012: 406).

Contrary to this outlook, Ruth Holliday and Sanchez Taylor argue that many South Korean women undergo plastic surgery as a way to reject the patriarchy by distancing themselves from the traditional notions of beauty associated with motherliness and fecundity. The example they use is "moon faces," associated with fertility, that are being sculpted into more angled faces, and wide eyes, which were seen as a sign of "overt sexuality," that are

now commonly acquired through double eyelid surgery (Holliday and Taylor as cited in Holliday and Elfving-Hwang 2012: 72).

While this perspective emphasizes women's agency and rids them of the notion of being societal dupes to the patriarchy, it does not suggest that their decisions are made completely free of societal pressures. All choices are inherently influenced by the rules, expectations, praises and critiques of a society. While some feminists criticize this view as silencing women's agency and free-thinking, it suggests that someone will behave in certain contexts differently than others because of societal expectations. This can be applied to cosmetic procedures in that a woman may choose to undergo cosmetic procedures not because she wants to be more beautiful in a man's eyes, but because she perceives that she will be better empowered in her society if she looks a certain way.

Stuart, Kurtz, and Ashby conducted a study that showed that within a community, the concept of free choice in cosmetic surgery is often critiqued. They discuss how stereotypes are often attributed to people who choose to undergo cosmetic surgery, and women are frequently met with criticisms of being vain, being weak and giving into societal pressures, or having too low of self-esteem: "the choice [is] used as grounds for an accusation of some form of individual deficiency or psychopathology" (Stuart et al 2012: 407). Ultimately, many feminists today do not fully accept either approach. Women have agency and thus do not decide to undergo plastic surgery solely due to patriarchal pressures of beauty, but their decisions, while made as a form of empowerment, fundamentally cannot be made completely free of any societal influence.

Susan Bordo touches on this concept when describing women's bodies as "a material asset but also a site of cultural and political struggles" that serves as a "battleground" where religious ideologies, national identity, societal pressures, and political institutions all compete (Bordo as cited in Rani Jha 2016: 2). Similarly, Rani Jha argues that cosmetic procedures can

not only increase social and economic mobility, but also reduce sexism, classism, and racism (2016:4).

Hua Wen supports this notion when discussing Chinese women's decision to undergo cosmetic surgery as their "agency within" or "women's ability to act within specific historical circumstances: women are free, but only within structures of history and power and gender subjugation over which they have no control" (Wen as cited in Rani Jha 2016: 11). Wen shows that Chinese women are able to exercise some control over their physical capital; however, this decision is not free of societal, gender, and historical pressures. Wen argues that this ability to change their physical capital in turn gives Chinese women the ability to "reshape the social, cultural and economic fields around her" (Wen as cited in Rani Jha 2016: 12). Wen uses the example of Liu Yulan, the 62-year old winner of China's first "Miss Artificial Beauty Pageant" (a beauty pageant only for women who have undergone cosmetic surgery), to support the notion that Chinese women consciously make the decision to undergo cosmetic surgery as a form of empowerment, whether it be economical or more personal. Liu Yulan explained in an interview that her decision to undergo cosmetic surgery was her individual choice and that it had empowered her (Rani Jha 2016:73).

I hope to address these feminist debates through analyzing certain procedures that are commonly associated with sexualizing the female body (like breast augmentations) or procedures that would be considered societally motivated (like laser hair removal). The popularity of these procedures would either support or reject the feminist debate that women undergo cosmetic procedures because of patriarchal or societal pressures to assume a certain concept of beauty and femininity. As for the argument that cosmetic procedures empower women, I will look at procedures like laser hair removal and Botox that could suggest that women are seeking to empower themselves emotionally and/or vocationally through their own agency and means to create a more 'professional' look.

*Other Factors*

Outside of the globalization/westernization and feminist approaches towards cosmetic surgery, many other issues and aspects affect people's decisions and perceptions surrounding cosmetic procedures. Some scholars argue that people undergo cosmetic surgery to improve social relationships. That is, people have a desire to meet society's expectations of them, and that includes their appearance. Tam, NG, Kim, Yeung, and Cheung argue that this is the case through a series of surveys performed in Japan, Hong Kong, and the United States that show that people undergo cosmetic surgery as a way to garner more positive attention and admiration and/or as a way to evade social rejection (2012: 459).

Tam et al's surveys investigated these cultural perceptions and stereotypes of those who undergo cosmetic surgery to offer insight into how these perceptions may influence cosmetic surgery. They found that in some cultures, altering the body is viewed as unacceptable, and that overall cross-culturally, people have a preference for natural things (though this tendency is stronger in some cultures than others) (Tam et al 2012). Furthermore, Tam et al hypothesize that people who have close contact with patients of cosmetic surgery are less likely to hold stigmatized perceptions of cosmetic surgery, and thus in certain cultures, like Japan, where divulging personal information is less common, it would be more likely that they would hold a less favorable opinion of cosmetic surgery than in other countries like the United States, which was ultimately supported by the data collected from their survey (Tam et al 2012: 462).

Furthermore, their survey found that there was an overall unwillingness in Japan and Hong Kong to engage in any social relationship (and more strongly in any intimate relationship) with past cosmetic surgery patients (471). Japan and Hong Kong also held overall more negative stereotypes towards people who had undergone cosmetic surgery than the U.S. (471).

Interestingly, this contrasts with what Holliday and Elfving-Hwang claim to be public perceptions of cosmetic surgery in South Korea as something "worthwhile and [an] understandable investment in the body" (2012: 61). Ultimately, a culture's stigma and perception surrounding cosmetic surgery would be expected to influence people's decisions to undergo cosmetic surgery.

Even though Tam et al's findings would suggest that since people are less willing to have intimate relationships with past cosmetic surgery patients, marriageability has a heavy influence on woman's decisions to undergo cosmetic surgery. Many women who wish to gain and/or maintain a certain socio economic level wish to marry well, and it is a commonly held belief that the more beautiful someone is, the better they can marry. As will be discussed later in this chapter, this is a driving force for people who undergo cosmetic procedures in East Asia. While this is a similar point to that made by second wave feminists, I have included it in my discussion about factors in East Asia because culturally, it is a factor that holds significant weight in East Asia.

Take for instance the "grey girl" competition in Shanghai where the girl most in need of a makeover was selected and given a prize of $US 12,000 of plastic surgery (Watts 2004: 958). Similarly, the term *shennu*, or "leftover women," is a term commonly used by people and also by the government in China to refer to women over the age of 27 who are unmarried (Rani Jha 2016: 83). This term usually carries a negative connotation that the woman is too difficult or too ugly to find a husband, and oftentimes these *shennu* receive constant societal and familial pressure and critique. These examples show the institutionalized societal pressures that women receive in these cultures to be beautiful and marry young, which would appear to influence women's decisions to undergo cosmetic surgery.

Another factor is job opportunities, which can be compared with the feminist argument of empowerment through cosmetic procedures. Many women believe that the more

physically attractive they are, the better chances they have a receiving a good job. This does not necessarily mean that they do not have to meet the job requirements, but that if it comes down to certain candidates, the more attractive candidate will be offered the job. Moreover, in relation with Wolf's PBQ, in East Asia, there are many jobs that have specific appearance requirements (especially height requirements for jobs like a post in the foreign ministry, flight attendant, to be accepted into law school, etc.) that have caused certain procedures like leg lengthening to gain popularity in East Asia (Watts 2004).

*Factors in Latin America*

Erynn Masi de Casanova and Barbara Sutton argue that incorporation of Latin American actresses and participants in beauty pageants and television have has created a specific "Latin" look that is not possible for all women to achieve. They claim that the United States media misrepresents Latinos and creates a "sexualized and homogenizing" portrayal of Latinas that "reinforce[s] stereotypical perceptions" (Masi de Casanova and Sutton 2013: 66). They further explain that media both in South America and the West has been criticized for misrepresenting Latinos through sexualizing and homogenizing their characters, which reinforces stereotypical ideals of beauty (66). They use famous actresses like Jennifer Lopez, Salma Hayek, and Sofia Vergara as examples of this stereotyped ideal. The concept of beauty portrayed through the media of Latina beauties ultimately creates a narrow spectrum of beauty, limiting the acceptance of the diverse ethnicities and races that exist in the region as "beautiful."

Forbes, Formiga, Jung, Vamonde, Paris, and Omar explain how Argentina presents an interesting case study in that it is a nation that primarily identifies itself as European and is predominately made up of white European immigrants (2012: 5). This has created what many

describe as an “exaggerated version” of U.S. and Western European ideals of beauty (5). They argue that these exaggerated “Western” beauty ideals stem not only from their European heritage but also from an attempt to clearly distinguish themselves from their Latin neighbors, in what can be described as an “over-identification” with Europe (6). This exaggeration even extends to the way Argentines self-identify. Most Argentines will tell people they are Italian or Spanish rather than Argentine even though they are third or fourth generation Argentines and have never been to their heritage country.

Forbes et al also explain how Argentina’s turbulent history of oppressive military dictatorships, unstable economy, and high unemployment have affected the Argentine psyche and created an overall constant insecurity and sense of loss of control that leads to nationally higher levels of body dissatisfaction, which is supported by Argentina having one of the highest levels of body dissatisfaction and disordered eating across various global and regional studies (2012: 5). For example, Forbes et al cite one study of six Latin American countries which found that of adolescent girls living in Buenos Aires, 80% were dissatisfied with their weight (12).

Forbes et al further explain that not only is the pressure in Argentina to be beautiful, and especially to be thin, very high, but that also in some cases, it is institutionalized. The most commonly cited example of this is that, until recently, Argentine stores carried a narrow range of clothing sizes, with the largest size available in almost all stores a U.S. size 8. This resulted in a law in Buenos Aires in 2005 that required stores to carry junior clothing through a U.S. size 18, and a similar law was passed concerning adult clothing in 2009 (6). While steps have been taken, years later, many stores still carry a restricted range of sizes and refuse to carry larger sizes while designers have also widely criticized the law and refused to make clothes in larger sizes (6). This type of institutionalized body shaming would logically lead to

high levels of body dissatisfaction and possibly higher levels of certain cosmetic procedures like liposuction and tummy tucks.

Forbes et al also discuss beauty in Brazil through analyzing Brazilian beauty ideals—in particular, *um corpo de violão,* or a guitar-shaped body, that stresses large hips, thighs, and buttocks with comparatively smaller breasts that traditionally was considered the ideal body shape in Brazil (Forbes et al 2012: 12). They discuss how this ideal began to be challenged in the 1990s as the media portrayed skinnier, larger breasted women as beautiful, which some scholars argue has resulted in Brazil accepting a more "western" ideal of beauty. However, some studies found that while the traditional Brazilian ideal of beauty has been challenged, it has not disappeared, and many Brazilians, particularly men, still prefer the more traditional ideal body shape (13).

Another factor of the Brazilian ideal of beauty is that the Brazilian national identity and pride has largely become associated with beautiful women, which Forbes et al argue has created a societal pressure as well as a "body cult surrounding the young and perfect body" (13). This combined with the traditionally strong patriarchal Brazilian society has created what Forbes et al refer to as an "obsessive quest for the perfect body" that has become a lifestyle for many Brazilian women (5). This is reflected in surveys that have found high levels of body dissatisfaction among Brazilian women and that 70% of Brazilian women would like to undergo cosmetic surgery, with 50% planning on having cosmetic surgery (6).

Feminist outlooks on cosmetic surgery also play a role in Brazil. The patriarchal society in Brazil did not begin to change until just a few decades ago in 1988 when the new constitution gave women the same legal rights as men (5). This led to a rapid increase in women's place in society, but is also marked by continued inequality and sexism, especially in the workplace. For example, one study showed that in the Brazilian service industry, where 70% of women are employed, job qualifications often include "excellent figure" and

"excellent physical appearance" (Forbes et al 2012: 5-6). Thus, Forbes et al conclude that many Brazilian women perceive a beautiful body as "essential" in their romantic, social, and economic success (6).

Rani Jha analyzes Brazil as a unique case study for cosmetic surgery because of its racial mixing, or *mesticagem* (2016: 10). She claims that since Brazil is a racially very diverse country, people generally do not identify themselves with their race, and the country's ideals of beauty are much more all-inclusive and multi-racial (Rani Jha 2016: 10).

That being said, Edmonds discusses how oftentimes cosmetic surgery patients seek to erase certain racial aspects, especially African ones, often claiming they want a more "European" nose, and uses the example of the "negroid nose surgery," which is one of the most common cosmetic procedures in Brazil that aims to rid the patient of their "negroid" nose (Edmonds 2009: 472). While this is a common procedure and appears to be rooted in racial notions, Edmonds argues that cosmetic surgery on a whole lacks the racial and ethnic stigmas it holds in the West and in other regions as an attempt to 'erase' certain ethnic features because many Brazilian patients themselves do not perceive cosmetic surgery in racial terms (Edmonds 2009: 473).

Lastly, cosmetic surgery is included in Brazil's universal health care system, which is a unique factor that gives people of all socio-economic levels the ability to have cosmetic surgery. These factors would suggest that on the one hand cosmetic surgery would be high in Brazil because it is available to all people and also because being beautiful is important to the national identity of Brazilians and women's vocational success. On the other hand, accounting for Rani Jha's claims about Brazilian diversity and Forbes et al's argument that Brazil continues to accept more traditional ideals of beauty, it would suggest that the most common procedures would not necessarily line up with those of other regions or globally.

*Factors in East Asia*

Holliday and Elfving-Hwang discuss many of the factors and their influences on beauty ideals in East Asia. One factor is the continued importance of Confucian thought in the region. Confucianism has defined gender roles, traditionally placing a woman's success in her domesticity, or her "submissive personality, maternity, virginity, [and] beauty" (Holliday and Elfving-Hwang 2012: 66). Holliday and Elfving-Hwang claim that cosmetic surgery also aligns with Neo-Confucian ideals of conformity where the "unity of the whole is more important than the individuality of the one," such that cosmetic surgery has produced the ability to create a homogenized ideal of beauty that can be seen in the overall narrow idea of beauty in East Asia (67, 75).

They also offer insight into beauty and its link to marriage and job success in East Asia and claim that this serves as a major reason for East Asians decisions to undergo cosmetic surgery. They cite several studies and surveys in China and South Korea that have shown that employers are more likely to hire someone who is more attractive. Finally, they emphasize that these factors are so deep-seeded in the culture that the Korean language even has two words that denote "marriage cosmetic surgery" and "employment cosmetic surgery" (73).

Another important factor in South Korea that they discuss is physiognomy, or the idea that a person's facial features indicate a person's personality or auspiciousness. The belief of physiognomy is widely held in South Korea, with around half of South Koreans believing that a person's character can be read by studying their face (70). In this way, some South Koreans perceive undergoing cosmetic surgery as a way to change their personal character or future. Holliday and Elfving-Hwang state that many South Koreans will even hold appointments with physiognomists to obtain their recommendations on how to achieve a more "auspicious face" before undergoing cosmetic surgery (70). Holliday and Elfving-

Hwang ultimately conclude that physiognomy is so widely adhered to in South Korea that even people who do not believe in it will oftentimes undergo cosmetic surgery in order to achieve a more auspicious face in an attempt to avoid leaving "unfavourable impressions" on strangers and possible employers (70). Finally, they argue that since the job market is very competitive, physiognomy is a factor that employers evaluate when hiring: JobKorea conducted a study and found that 80% of recruiters considered physical appearance an important factor when choosing a candidate (73).

Overall, Holliday and Elfving-Hwang conclude that cosmetic surgery is not closely related to westernizing ideals of beauty but rather more closely related to traditional local practices, national identity, and women's self-expression and determination in the public sphere for the South Korean case (72).

Rani Jha presents an analysis on China's cosmetic market and factors that influence it. She begins by emphasizing that China has a booming cosmetic market that ranks eighth in the world and is predicted to grow rapidly and surpass the European market in the coming years (2016: 81). She argues that this growth is largely stimulated by the Chinese government's state-sponsored beauty industry called *meinu jingji,* which institutionalizes and commodifies women's beauty on the national level and encourages the growth of the cosmetic market (74). Even the Chinese feminist state organization, All-China Women's Federation, promotes the beauty economy as a form of nationalism, a boost the China's economy, and a form of feminist empowerment (82).

Rani Jha argues that this commodification of beauty in China is largely due to exported Euro-American beauty ideals, the rapid capitalization of the beauty industry, medical and cosmetic technology, and social trends: "the popularity of cosmetic surgery in China is understood as an aspect of cultural assimilation and cosmetic Westernize" (75-76).

Another factor that Rani Jha discusses is the impact of the Mao era on beauty concepts. During the Mao era, beauty and cosmetic surgery was seen as bourgeois and therefore rejected. Rani Jha thus claims that since the end of the Mao era, many women have embraced beauty practices as a way to regain a part of their lost youth, and Chinese society has accepted the beauty industry and "repackaged and celebrated it as [a] site of consumer freedom, individuality, and human nature" (74).

Westernization and globalization as influences on the plastic surgery industry ignore that many of the cosmetic practices in both South Korea and China, especially larger eyes and skin whitening, existed long before colonial times. According to Rani Jha, the major difference is that in the past cosmetic practices were only available to a selective elite class, and in today's society, consumer capitalism has made these practices available to many women (87). Rani Jha concludes that "the normalization of cosmetic surgery exacerbates pre-existing class and gender prejudices" that reinforce already existing societal and institutional structures (86).

Ultimately, in all regions, these factors create what Vanita Reddy refers to as the beauty assemblage: "beauty is an uneven socializing force circulating in transnational cultural flows that can be oppressive and objectify, racialize, and exoticize women; or it can open up small spaces of agency in women's everyday encounters with the world" (Reddy as cited in Rani Jha 2016: 91).

## Methods

There is a distinction between the terms plastic surgery and cosmetic surgery. The term plastic surgery pertains to reconstructive and cosmetic surgeries for medical and aesthetic purposes, whereas cosmetic surgery is a subset of plastic surgery that refers to non-medical surgeries for aesthetic purposes only. For the purposes of this paper, I will solely be investigating the latter term.

The International Society of Aesthetic Plastic Surgery (ISAPS) data described below offers comprehensive data on cosmetic procedures performed in the respective year for various countries. These data includes overall numbers of total procedures, surgical and nonsurgical procedures performed for that year as well as statistics on thirty-one individual procedures.

I utilized these data in order to answer my research questions. What I hope to discover is what procedures are most common in the regions and countries I am analyzing and how they compare and contrast to one another. By comparing and contrasting the data I will be able to tell if there are certain procedures that are globally and/or regionally more popular. I also hope to glean insight into whether certain procedures often associated with a more "Western" look (like blepharoplasty in East Asia or breast augmentation in Brazil) are more common in these regions. Finally, I will analyze certain procedures (breast augmentation, laser hair removal, rhinoplasty, etc.) from the two feminist perspectives of patriarchal suppression and female empowerment.

### *ISAPS Background*

The International Society of Aesthetic Plastic Surgery (ISAPS) was founded to provide better representation and defense of the aesthetic surgery industry internationally.

David Serson Neto from Sao Paulo, Brazil was the first to initiate plans for the foundation of this society. At the second meeting held in Bogota, Colombia in October 1969, twelve members attended, and these twelve became the founding members of ISAPS (ISAPS). These founding members included three surgeons from Argentina, two from Brazil, two from the United States, one member from Spain, one from Switzerland, one from Scotland, one from Colombia, and one from Mexico (ISAPS).

On February 12, 1970, the organization was officially founded at the United Nations and named the "International Society of Aesthetic Plastic Surgery." The principle aims of the organization were as follows: to organize, promote, and disseminate knowledge and ideas to aid younger surgeons, trainees, and practicing surgeons; to aid in the preservation and protection of aesthetic plastic surgery and help it "assume its proper place within the field of Surgery;" and to propose and promote legislation that would ensure that only qualified plastic surgeons would be permitted to practice aesthetic plastic surgery (ISAPS). Today these goals still remain, with an emphasis on improving the quality and innovation of aesthetic surgery for both the patient and the surgeon through providing medical education and innovation to member surgeons and a wealth of information and resources to the public (ISAPS).

*ISAPS Data Methodology*

The ISAPS Global Statistics on cosmetic procedures performed in 2011 were collected from an international survey. About 20,000 plastic surgeons were invited to participate in the English-based survey. The questionnaire focused on the number of surgical and nonsurgical cosmetic procedures they had performed in 2011 (ISAPS 2011: 1).

The 2011 study received extra assistance from the American Society of Aesthetic Plastic Surgery (ASAPS) and the Brazilian Society. ASAPS assisted by granting ISAPS

permission to use their personal data collected annually from a survey of U.S. plastic surgeons. The Brazilian Society heavily encouraged its members to participate in the ISAPS survey (ISAPS 2011: 1). For the 2011 data, a total of 996 survey responses were compiled, of which 231 were from U.S. plastic surgeons and 172 were from Brazilian plastic surgeons (ISAPS 2011: 1).

The final data are projections that reflect international statistics based solely on the survey responses received and the estimated number of plastic surgeons in each country. For the countries I will be analyzing, South Korea had an estimated 1,250 plastic surgeons, China had an estimated 2,000 plastic surgeons, Brazil has an estimated 5,024 plastic surgeons, and Argentina has an estimated 347 plastic surgeons. All responses and estimates are based solely on board certified plastic surgeons, or the national equivalent (ISAPS 2011: 1).

The estimates of total plastic surgeons is based on data received from the National Societies of each country, which provided 90% of the 32,000 total estimated plastic surgeons worldwide. ISAPS then used a regression equation based on the country's population and GDP estimated the number of plastic surgeons in countries where the National Society did not provide a count (ISAPS 2011: 1). When outlying values occurred, if they deviated more than three standard deviations from the aggregate mean, the values were set equal to the aggregated mean value (ISAPS 2011: 1).

Other than the United States and Brazil (where enough survey responses were received) the average procedures per plastic surgeon for each country includes data from survey responses received from that country's continent with a weighting system giving emphasis to the responses received from that specific country (ISAPS 2011: 1). The international survey was compiled, calculated, and analyzed by Industry Insights, Inc (ISAPS 2011).

*Per Capita Calculations*

For the data shown throughout the tables in the following chapters, I collected the data from ISAPS Global Statistics. These data posed a problem in that they reported only total procedures, and therefore were not conducive to a comparative analysis, so I standardized the data by population. This was accomplished by dividing the ISAPS data by the reported population for each country in 2011. The population values were all collected from the World DataBank for the year 2011 (World DataBank), except for Taiwan, which was collected from IndexMundi for the year 2011 (IndexMundi). The per capita values after accounting for the population was then multiplied by 10,000. The per capita statistics make it easier to compare the data, and I decided to standardize the data per 10,000 people in order to make the data more concrete and easier to compare.

I also created regional groupings or "profiles" by aggregating country level data. The East Asian profile shows the average of the procedures performed in 2011 for the following countries: South Korea, Taiwan, China, Japan, and Thailand.[1] The data was first compiled for each individual country from the ISAPS Global Statistics in the same way mentioned above, and then this data was averaged between the five countries selected.

The Latin American profile shows the average of procedures performed in 2011 of the following countries: Brazil, Mexico, Colombia, Venezuela, and Argentina. This data was first computed to show the per capita amounts for each country in the same method mentioned above, and then the per capita data was averaged out between the five countries selected.

The Western profile shows the average of the procedures performed in 2011 of the following countries: The United States, the United Kingdom, Canada, the Netherlands, Italy, France, Germany, and Spain. The data was first calculated to show the per capita amounts for

[1] While Thailand is technically a Southeast Asian country, I decided to include it in my East Asia profile because the data were available through ISAPS.

each individual country in the same method mentioned above, and then the per capita data was averaged between the eight countries selected.

I also created a worldwide profile based on the ISAPS reported data on the overall amount of procedures performed worldwide in 2011. Thus, the worldwide average per capita was computed by taking the ISAPS worldwide data and dividing that by the reported worldwide population in 2011.

Using this data, I sought to compare China and South Korea each with the East Asian profile, Western profile, and with the worldwide profile, as well as compare their two profiles between each other. I also sought to compare the Brazil and Argentina profiles with the Latin America profile, Western profile, and with the worldwide profile. I also compared the Argentina profile with the Brazil profile.

The two countries chosen within the Latin American and East Asian profiles were chosen as "higher incidence" and "lower incidence" examples. That is, the country within the regional profile that was highest and lowest on the spectrum of performed cosmetic procedures. For the Latin American profile, Brazil is the higher incidence profile, and Argentina is the lower incidence profile. For the East Asian profile, South Korea is the higher incidence profile, and China is the lower incidence profile. Full data are shown in Tables 33-40 in appendix.

These comparisons will allow me to address my research questions in the following ways. Regarding research question one, I expect to find that the most common cosmetic surgeries will generally be the same across countries and regions supporting that certain attributes are globally considered more desirable and beautiful. For example, I expect that across regions and countries Botox and liposuction would be popular because wrinkle-free faces and skinner body types tend to generally be considered more beautiful.

Regarding research question two, if the westernization and globalization arguments are supported, I would expect more blepharoplasty (or eyelid surgery) and rhinoplasty surgeries to have been performed in East Asia. This would support that there is a desire to change typically smaller, almond-shaped eyes associated with East Asians into larger or "more Western" eyes and create a higher bridged nose that usually is not considered an East Asian feature either. I expect to find relatively higher rates of these two surgeries performed in the East Asian, South Korean, and Chinese profiles. Thus, I hypothesize that more westernizing procedures like blepharoplasty and rhinoplasty will be ranked high in the East Asians profiles and, in the South Korea's case, exceed the Western and global profiles in procedures performed per capita.

When considering the Latin American profiles, I expect to find relatively high rates of buttock augmentations and breast augmentations that would align with the sexualized representation of Latina beauties in regional and international media. In the case of Brazil, I expect that breast augmentations will be common, but that also breast reductions will be common along with procedures used to enlarge the hips and buttocks that would align with the traditionally beautiful "guitar shaped" body. I expect breast augmentations to still be ranked high amongst the Brazilian procedures as a result of the competing global pressures and representations between that of "Latina" and "Brazilian" beauties. Thus, I hypothesize that buttock augmentations will be more popular in the Latin American profiles than the other profiles, and that breast augmentation will be highly ranked in these profiles. I also hypothesize that in the case of Brazil, breast reductions will be more popular than in the other profiles.

With regards to the feminist perspectives of cosmetic procedures, I will look more closely at procedures that are largely considered "sexualizing" or socially imposed like laser hair removal and breast augmentation as well as procedures than can be considered

"empowering" like liposuction or Botox. While it is impossible from the data to know individual motivations for undergoing procedures, feminists might argue that high values for breast augmentations and laser hair removal support the notion that societal ideals of beauty are pressuring women to undergo these procedures because society has made them feel as though their femininity or beauty is impaired by smaller breasts or body hair. Procedures that make women feel more secure and empowered as well as increase their economic and vocational opportunities could be argued to include procedures like Botox, liposuction or hyaluronic acid procedures, because as Wolf states, there is a higher pressure for women in the workplace to appear youthful. I hypothesize that these two arguments are not completely distinct from themselves and therefore for various societal, economical, and gendered pressures these procedures will be widely popular.

## Findings Chapter A: East Asia

*East Asia Profile*

The East Asian profile (see table 33 in appendix) shows the average of the procedures performed in 2011 of the following countries: South Korea, Taiwan, China, Japan, and Thailand. These data were computed to show the per capita average per 10,000 people in the region, and it was computed using the ISAPS Global Statistics.

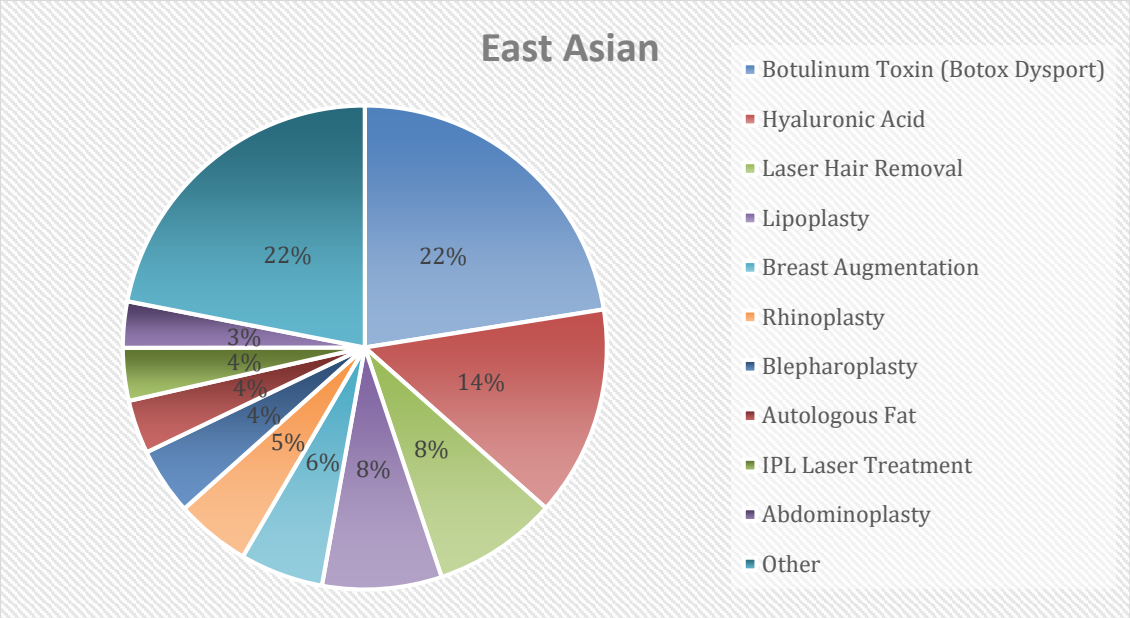
**Table 1:** Table 1: East Asian Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Botulinum Toxin (Botox Dysport) | 13.819 |
| Hyaluronic Acid | 8.641 |
| Laser Hair Removal | 5.114 |
| Lipoplasty | 4.907 |
| Breast Augmentation | 3.422 |
| Rhinoplasty | 3.067 |
| Blepharoplasty | 2.754 |
| Autologous Fat | 2.202 |
| IPL Laser Treatment | 2.163 |
| Abdominoplasty | 1.897 |

**Table 2:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the East Asia Profile

| | **East Asia Profile** |
|---|---|
| Total overall Procedures | 62.415 |
| Total Surgical Procedures | 24.814 |
| Total Nonsurgical Procedures | 37.601 |

**Figure 1:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the East Asian Profile.




Overall surgical and nonsurgical procedures performed in East Asia in 2011 were 62.415 per 10,000 people. This includes the possibility that some people undergo more than one procedure. The top ten surgical and nonsurgical procedures in order are shown in Table 1.

Figure 1 shows the percentage of each of the top ten procedures within the East Asian profile. Botox clearly holds the highest percentage with 22% of the procedures performed in 2011, with the second highest being hyaluronic acid at 14%. The top four procedures (Botox, hyaluronic acid, laser hair removal, and lipoplasty) together account for 68% of the top ten procedures performed in 2011. These four procedures also account for 52% of all procedures performed in 2011. Botulinum toxin is a type of Botox injection, which is a non-surgical injection that reduces wrinkles and frown lines (ASPS). Hyaluronic acid is a minimally invasive procedure that uses a filler to inflate and support facial structures and tissues to decrease the effects of aging (ASPS). Laser hair removal is a non-invasive procedure that

uses highly concentrated light to damage hair follicles to hinder further hair growth. This technique can be used effectively on most parts of the body (ASPS).

Lipoplasty, or more commonly referred to as liposuction or “lipo,” is a surgical procedure that removes excess fat from beneath the skin’s surface to slim and reshape parts of the body. Liposuction can be performed on fat located in the thighs, hips, buttocks, abdomen and waist, upper arms, back, inner knee, chest area, cheeks, chin, neck, calves, and ankles. When performed on certain areas, a more specific term may be used for the procedure. Generally, when the term is used alone without any other clarifications, it refers to the liposuction of the abdomen and waist (ASPS). Breast augmentation is a surgical procedure that places implants in the breasts to increase their fullness, to create better symmetry, or to reconstruct breasts (ASPS).

Rhinoplasty, or nose surgery, is a surgical procedure that is performed to correct impaired breathing; change the size of the nose; change the size or position of the nostrils; change the bridge of the nose; and change drooping, upturned or hooked noses. Usually, the goal of rhinoplasty is to correct breathing problems, to rid the nose of a specific characteristic, or to create overall “facial balance” (ASPS).

Blepharoplasty, or eyelid surgery, is a surgical procedure performed for various reasons. It can decrease folds or sagging of eyelids that impair vision, decrease the appearance of puffy eyelids, decrease bags under the eyes, and add larger or more defined eyelids to make the eyes appear larger (ASPS). Autologous fat is a fat grating technique that removes fat from one part of the body to reconstruct or fill another part of the body. It is commonly used as a facial filler or to reconstruct breasts (ASPS).

IPL stands for intense pulsed light, and it is a laser treatment most commonly used to lighten or remove sun spots, age spots, and redness of the skin (ASPS). Abdominoplasty, or commonly referred to as a tummy tuck, is a cosmetic surgery that makes the abdomen thinner

and firmer by removing excess skin and fat from the middle and lower abdomen and restoring weakened muscles to create a smoother and firmer abdomen (ASPS).

*Comparison with Worldwide Profile*

The Worldwide profile is found in Table 34 (appendix). The East Asian averages in 2011 when compared with the worldwide averages are numerically larger for total surgical and nonsurgical procedures performed per 10,000 people. The worldwide average in 2011 for total procedures performed per 10,000 people is 20.990, as compared with the East Asian average of 62.415 procedures performed per 10,000 people, or 41.425 more overall procedures on average than the worldwide average.

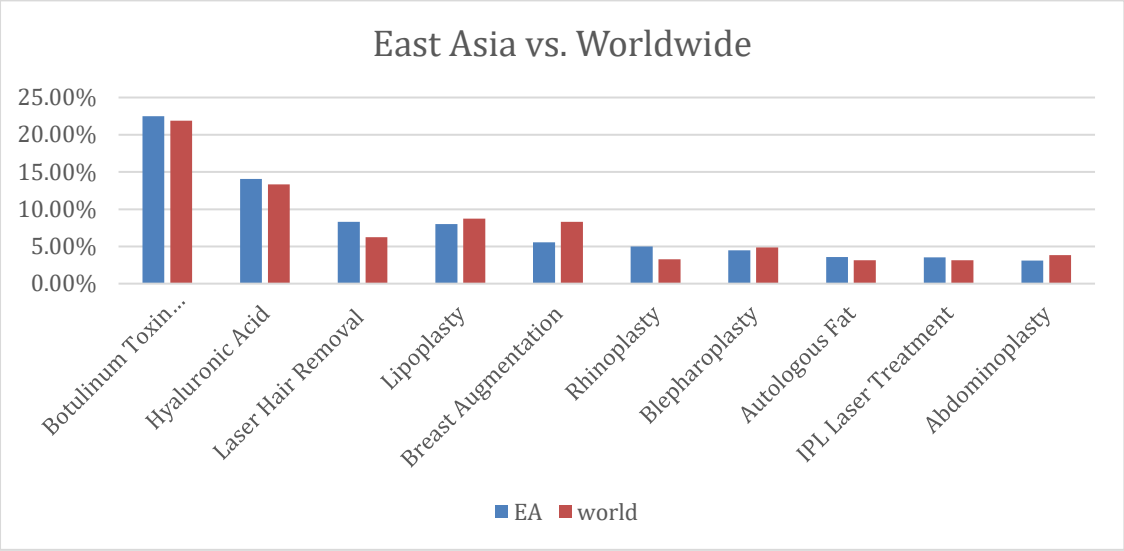
**Table 3:** Worldwide Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Botulinum Toxin (Botox Dysport) | 4.538 |
| Hyaluronic Acid | 2.765 |
| Lipoplasty | 1.810 |
| Breast Augmentation | 1.720 |
| Laser Hair Removal | 1.293 |
| Blepharoplasty | 1.004 |
| Abdominoplasty | 0.790 |
| Rhinoplasty | 0.682 |
| Autologous Fat | 0.650 |
| IPL Laser Treatment | 0.648 |

**Table 4:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the East Asia Profile and Worldwide Profile

| | **East Asia Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 62.415 | 20.990 |
| Total Surgical Procedures | 24.814 | 9.093 |
| Total Nonsurgical Procedures | 37.601 | 11.898 |

**Figure 2:** Comparison between the East Asia and Worldwide Profiles of Percentages of each Procedure.




Both the East Asian and worldwide averages show that more people undergo nonsurgical procedures than surgical procedures. Overall, the East Asian average shows much higher numerical averages for procedures performed per 10,000 people than those of the worldwide averages. For example, the East Asian average shows that there were nine procedures performed two or more times per 10,000 people, whereas the worldwide average only has two procedures (Botox and hyaluronic acid) that were performed two or more times per 10,000 people.

When comparing the procedures included in each profile's top ten procedures, the top ten procedures are the same procedures, but ordered differently. When comparing the percentages of the procedures performed within each profile, Botox, hyaluronic acid, lipoplasty, blepharoplasty, autologous fat, IPL laser treatment, and abdominoplasty all have similar percentages. The greatest difference shown between the percentage comparisons is with laser hair removal and breast augmentation. Laser hair removal encompasses a larger percentage of overall procedures in East Asia than it does worldwide. Breast augmentations hold a significantly higher percentage in the worldwide profile than it does in the East Asian

profile. This would suggest that in East Asia, having less body hair is considered more beautiful, whereas worldwide, larger breasts are valued as more beautiful or feminine.

The only other significant difference between the two profiles is that microdermabrasion. Not only does microdermabrasion rank 13th in the worldwide profile as compared to 20th in the East Asian profile, but percentage wise, the procedure makes up 2.30% of the worldwide procedures as compared with 0.91% of the East Asian procedures.

*Comparison with the Western Profile*

The Western profile was compiled using ISAPS Global Statistics for the following countries: the United States, the United Kingdom, Canada, the Netherlands, Italy, France, Germany, and Spain. The data on these countries was then calculated into per capita numbers and averaged out to provide a "European and North American" average (see Table 35 in appendix).

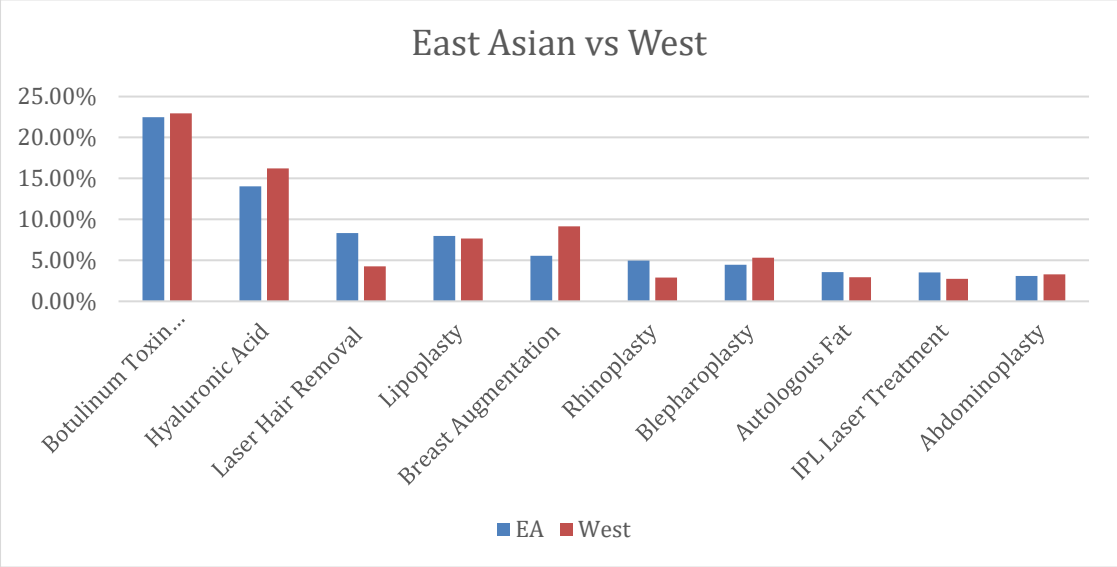
**Table 5:** Western Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Botulinum Toxin (Botox Dysport) | 15.768 |
| Hyaluronic Acid | 11.148 |
| Breast Augmentation | 6.282 |
| Lipoplasty | 5.287 |
| Blepharoplasty | 3.663 |
| Laser Hair Removal | 2.945 |
| Abdominoplasty | 2.255 |
| Breast Lift | 2.241 |
| Autologous Fat | 2.027 |
| Rhinoplasty | 1.983 |

**Table 6:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the East Asia Profile and Western Profile

| | **East Asia Profile** | **Western Profile** |
|---|---|---|
| Total overall Procedures | 62.415 | 69.557 |
| Total Surgical Procedures | 24.814 | 29.546 |
| Total Nonsurgical Procedures | 37.601 | 40.011 |

**Figure 3:** Comparison between the East Asia and West Profiles of Percentages of each Procedure.




Overall average number of cosmetic procedures performed in East Asia more closely resembles the averages of the West than the worldwide. The total procedures both surgical and nonsurgical performed in East Asia in 2011 were 62.415 per 10,000 people compared with the Western average of 69.557 per 10,000 people. The total surgical procedures performed in East Asia were 24.814 per 10,000 people compared with the Western average of 29.546 procedures per 10,000 people. Finally, 37.601 nonsurgical procedures were performed per 10,000 people compared with the 40.012 procedures performed per 10,000 people in the West.

When comparing the surgical averages numerically, breast augmentation, rhinoplasty, blepharoplasty, breast lift, and lip augmentation stand out numerically. Breast augmentation was performed on average 2.860 more times in the West than in East Asia. East Asia performed on average 1.084 more rhinoplasty procedures than the West. East Asia on average performed 0.909 less blepharoplasty procedures than the West, which contradicts many assumptions and perspectives on the popularity of eyelid surgery in Asia. Breast lifts were performed on average 0.971 less times than the West.

When comparing the nonsurgical averages numerically, East Asia performs on average more procedures for 7 out of the 13 nonsurgical procedures. These procedures are as follows: laser hair removal, autologous fat, IPL laser treatment, noninvasive tightening, laser skin resurfacing, laser-assisted liposuction, and dermabrasion. The largest difference numerically of the above procedures is for laser hair removal and laser-assisted liposuction. On average, East Asia performed 2.169 more laser hair removal procedures than the West. East Asia on average performed 0.650 more laser-assisted liposuctions than the West. The West also performed significantly more Botox (1.949 more), hyaluronic acid (2.507 more), and microdermabrasion (0.808 more) procedures than East Asia.

When comparing percentages, some of these differences are augmented. For example, laser hair removal comprises 8.32% of total procedures performed in East Asia as compared to just 4.28% of overall procedures performed in the West. Breast augmentations were performed on average 3.57% more in the West than in East Asia. Hyaluronic acid comprised 2.15% more of the overall procedures performed in the Western profile than in the East Asian profile. Finally, rhinoplasty procedures were performed 2.11% more in East Asia than in the West. Other procedures, like Botox, lipoplasty, and abdominoplasty, comprised almost the same percentage of overall procedures for both profiles.

This shows that across these two profiles, procedures to reduce wrinkles and create a skinnier figure (Botox, lipoplasty, and abdominoplasty) are considered important by both regions and thus comprise similarly high percentages of overall cosmetic procedures performed in 2011. Figure 3 also shows that laser hair removal procedures are significantly more prevalent in East Asia than in the West, and that breast augmentation are significantly more popular in the West than in East Asia. This suggests that less body hair is highly valued in the East Asian culture, whereas larger breasts are highly valued in the Western culture.

*Conclusions about East Asia Profile*

The East Asia profile differs from the worldwide and Western profiles, which would be expected, but it does not differ as much as I had expected. The top ten procedures across these three profiles are the same procedures, albeit ordered differently. This suggests that globally, certain procedures are more common, and I would argue that this may be because there are some aspects that are universally considered attractive (a skinny figure, a youthful face, etc). However, the comparisons above also supports the idea that East Asians are not undergoing surgeries to become 'westernized.' The one procedure that is oftentimes cited as being 'westernizing,' blepharoplasty, or eyelid surgery, was performed more in the Western profile than the East Asian profile, and it also comprised a larger percentage of overall procedures performed in both the Worldwide and Western profiles than in the East Asian profile. This contradicts the notion that East Asians undergo blepharoplasty surgeries to obtain rounder, more 'Westernized' eyes.

The comparison also shows that less body hair is considered significantly more desirable in East Asia than it is in the West or worldwide. Similarly, rhinoplasties comprised a larger proportion of the procedures performed in East Asia than in both the West and Worldwide profiles. While the data does not offer statistics on what exactly is being modified

about the nose in these procedures, this difference suggests in the very least that dissatisfaction in the shape or height of noses in East Asia is more commonly rectified by cosmetic surgery than it is in the West or worldwide. Finally, the fact that breast augmentations comprise a higher percentage of overall procedures performed both worldwide and in the West than in East Asia suggests that large breasts are seen as more feminine or beautiful in the West than in East Asia.

*China Profile: Lower Incidence Example*

China represents the low incident profile, which means that out of all the countries included in the East Asian profile, China performed the least amount of cosmetic procedures per capita. The China profile is a per capita calculation of the cosmetic procedures performed in 2011 based on data collected by ISAPS (see Table 36 in appendix). There may be a problem regarding the data collected about China concerning the amount of unregistered clinics and procedures that result in what could be a significant amount of procedures left undocumented. All tables and analysis regarding this data uses the ISAPS data without any adjustments and assumes this data to be as reliable as data on all other countries included in the ISAPS Global Statistics.

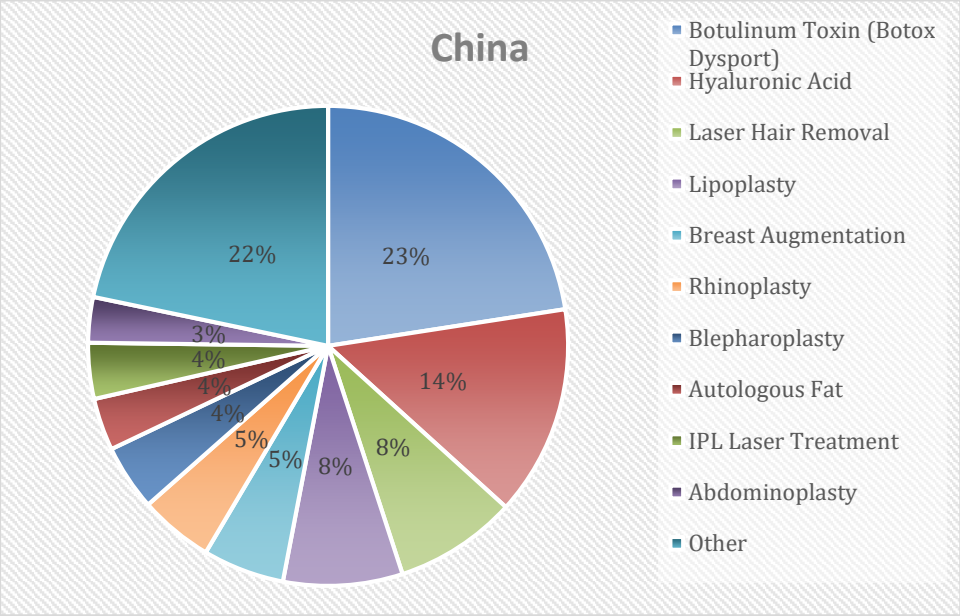
**Table 7:** China Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Total Overall Procedures | 7.818 |
| **Botulinum Toxin (Botox Dysport)** | 1.737 |
| **Hyaluronic Acid** | 1.091 |
| **Laser Hair Removal** | 0.636 |
| **Lipoplasty** | 0.619 |
| **Breast Augmentation** | 0.423 |
| **Rhinoplasty** | 0.384 |
| **Blepharoplasty** | 0.341 |
| **IPL Laser Treatment** | 0.290 |
| **Autologous Fat** | 0.271 |
| **Abdominoplasty** | 0.236 |

**Table 8:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the China Profile

| | **China Profile** |
|---|---|
| Total overall Procedures | 7.818 |
| Total Surgical Procedures | 3.089 |
| Total Nonsurgical Procedures | 4.730 |

**Figure 4:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the China Profile.




Overall cosmetic procedures, surgical and nonsurgical performed in 2011 in China were 7.818 procedures per 10,000 people. Total nonsurgical procedures performed in 2011 were 4.730 per 10,000 people. Total surgical procedures performed in 2011 were 3.089 per 10,000 people.

The top ten procedures overall in China are shown in Table 7. The top ten procedures represent 78.29% of total overall procedures performed in China in 2011. The top four procedures (Botox, hyaluronic acid, laser hair removal and lipoplasty) account for about 53% of the total procedures performed in China in 2011.

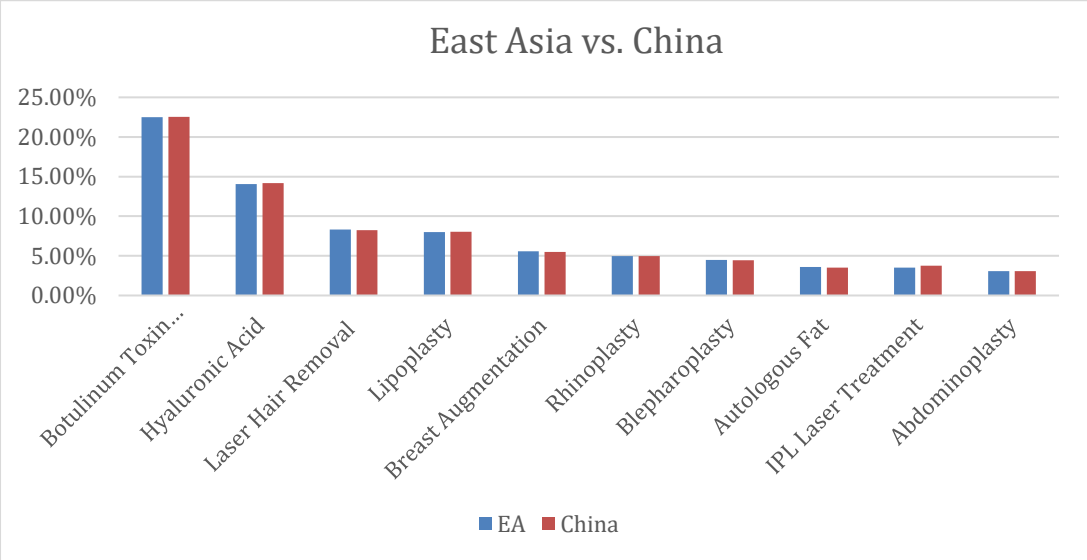
*Comparison with East Asian Profile*

Overall, the profiles of procedures are very similar between China and the East Asian average. The top ten surgical and nonsurgical procedures are all the same in almost the exact same order.

**Table 9:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the China Profile and East Asia Profile

| | **China Profile** | **East Asia Profile** |
|---|---|---|
| Total overall Procedures | 7.818 | 62.415 |
| Total Surgical Procedures | 3.089 | 24.814 |
| Total Nonsurgical Procedures | 4.730 | 37.601 |

**Figure 5:** Comparison between the China and East Asia Profiles of Percentages of each Procedure.




Overall, the major difference between the two profiles is that China in general performs on average significantly less cosmetic procedures than the East Asian average. This can be assumed to be largely due to the large rural, poor population in China (especially when compared to its East Asian counterparts) that cannot afford cosmetic surgery. In East

Asia in 2011, on average 62.415 procedures were performed per 10,000, whereas in China, 7.818 cosmetic procedures were performed per 10,000 people. On average, East Asia performed 37.601 nonsurgical cosmetic procedures per 10,000 people as compared with 4.730 procedures performed in China. East Asia on average performed 24.814 surgical procedures per 10,000 people compared with 3.089 procedures performed per 10,000 people in China. This shows that East Asia on average performs about eight times more cosmetic procedures than China.

However, when comparing the profiles by percentages, the profiles are almost identical with no real difference, as shown in Figure 5.

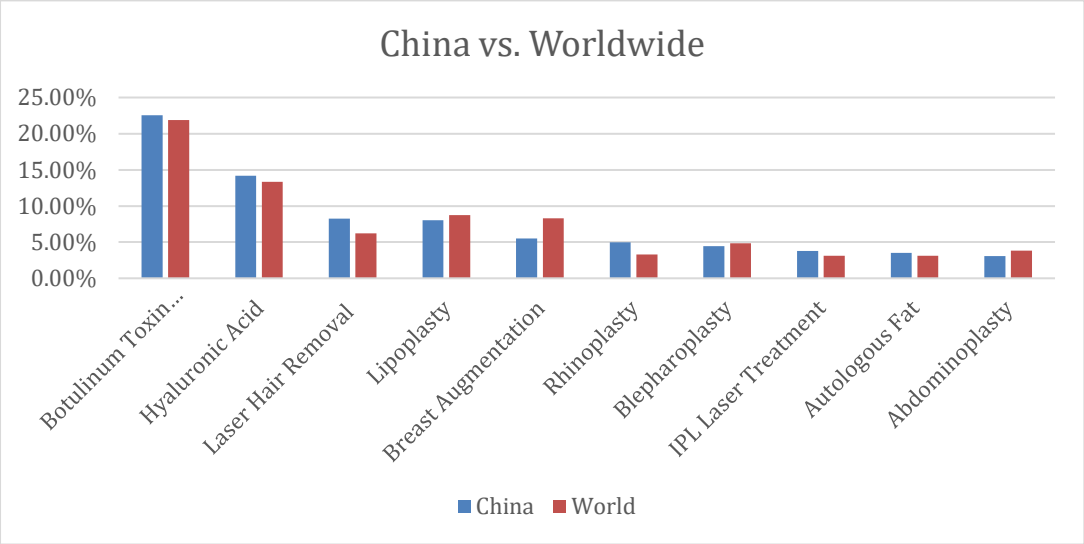
*Comparison with Worldwide Profile*

Since the East Asia and China profiles are very similar, the China profile when compared to the worldwide average exhibits the same similarities and differences. The China profile shares the same similar and differing procedures with the worldwide profile as the East Asia profile exhibited (laser hair removal, breast augmentation, and rhinoplasty). The major difference is that significantly less procedures were performed in China than in the worldwide average; however, the quantity of procedures vary less with the worldwide averages than the East Asia averages varied with the worldwide average.

**Table 10:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the China Profile and Worldwide Profile.

| | **China Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 7.818 | 20.990 |
| Total Surgical Procedures | 3.089 | 9.093 |
| Total Nonsurgical Procedures | 4.730 | 11.898 |

**Figure 6:** Comparison between the China and Worldwide Profiles of Percentages of each Procedure.



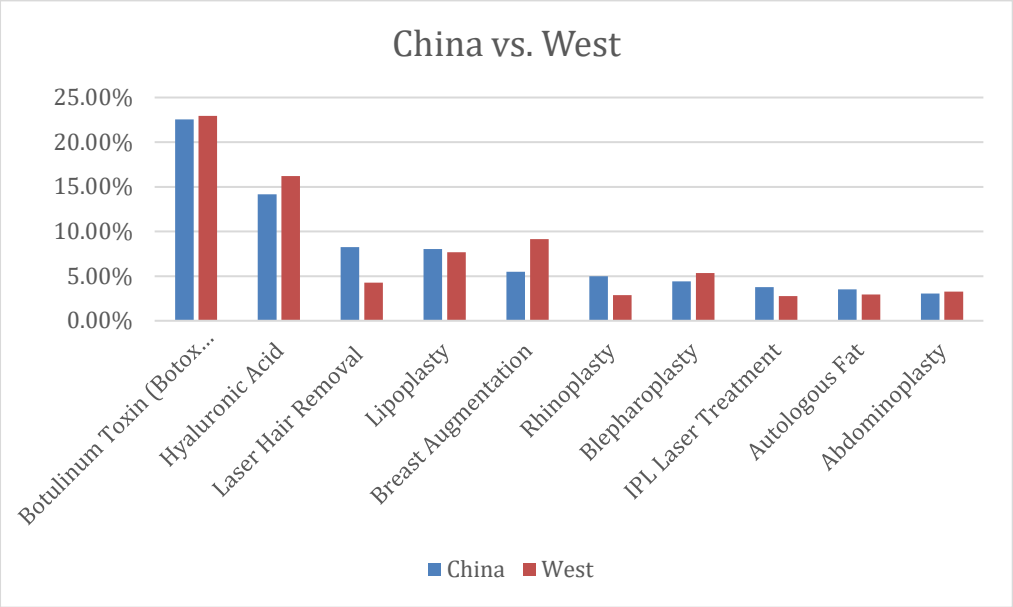

*Comparison with Western Profile*

Since the East Asia and China profiles are very similar, the China profile compares similarly to the Western profile. The same differences between the profiles are similar. The major difference is that on average, China performs significantly less procedures than the West. For example, in 2011, the West performed on average 69.557 cosmetic procedures per 10,000 people, compared to 7.818 procedures performed in China in 2011.

**Table 11:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the China Profile and West Profile.

| | **China Profile** | **West Profile** |
|---|---|---|
| Total overall Procedures | 7.818 | 69.557 |
| Total Surgical Procedures | 3.089 | 29.546 |
| Total Nonsurgical Procedures | 4.730 | 40.011 |

**Figure 7:** Comparison between the China and West Profiles of Percentages of each Procedure.




When looking at the percentages, the same procedures stand out when the Western and East Asian profiles were compared: laser hair removal, breast augmentation, and rhinoplasty.

*Conclusions about China Profile*

The China and East Asia profile are almost identical apart from the sheer amount of procedures performed; therefore, the conclusions made about the East Asia profile apply to China profile as well. Thus, it would appear that Chinese people who undergo cosmetic surgery do not wish to achieve a "Westernized" standard of beauty, but rather a regional, or East Asian ideal of beauty, as shown by the almost identical profiles between China and East Asia. This profile appears to differ with a worldwide and Western ideal of beauty in two main ways: less body hair is considered more attractive, and not as much value is placed on breast size.

*South Korea Profile: Higher Incidence Example*

The South Korea profile is the high incidence example in East Asia. This means that on the spectrum of cosmetic procedures performed per capita in East Asia in 2011, South Korea performed the most procedures per capita. The South Korea profile is also a per capita calculation of the cosmetic procedures performed in 2011 based on the global statistics data collected by ISAPS (see Table 37 in appendix).

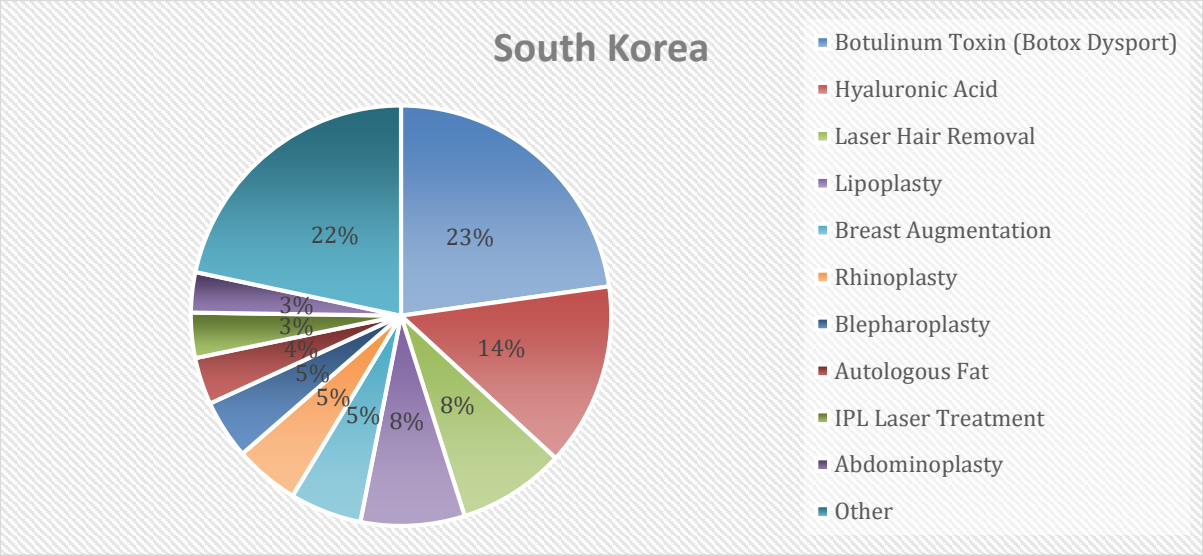
**Table 12:** South Korea Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| **4Botulinum Toxin (Botox Dysport)** | 29.266 |
| **Hyaluronic Acid** | 18.102 |
| **Laser Hair Removal** | 10.611 |
| **Lipoplasty** | 10.285 |
| **Breast Augmentation** | 7.096 |
| **Rhinoplasty** | 6.400 |
| **Blepharoplasty** | 5.835 |
| **Autologous Fat** | 4.655 |
| **IPL Laser Treatment** | 4.464 |
| **Abdominoplasty** | 3.977 |

**Table 13:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the South Korea Profile.

| | **South Korea Profile** |
|---|---|
| Total overall Procedures | 130.564 |
| Total Surgical Procedures | 51.899 |
| Total Nonsurgical Procedures | 78.665 |

**Figure 8:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the South Korea Profile.




South Korea in 2011 performed 130.564 cosmetic procedures per 10,000 people. South Korea performed 51.899 surgical procedures per 10,000 people and 78.665 nonsurgical procedures per 10,000 people.

Table 12 shows the top ten overall procedures performed in South Korea in 2011. Numerically, the top four procedures (Botox, hyaluronic acid, laser hair removal, and lipoplasty) were performed more than 10 times per 10,000 people, with Botox being performed almost 30 times per 10,000 people, and hyaluronic acid being performed about 18 times per 10,000 people. The next three procedures were performed more than 5 times per 10,000 people, and the remaining 3 procedures were performed between 3 and 5 times per 10,000 people.

When considering percentages of the top ten procedures as shown in Figure 8, Botox accounts for about 23% of the overall procedures performed. The top four procedures make up about 53% of the overall procedures performed in South Korea in 2011.

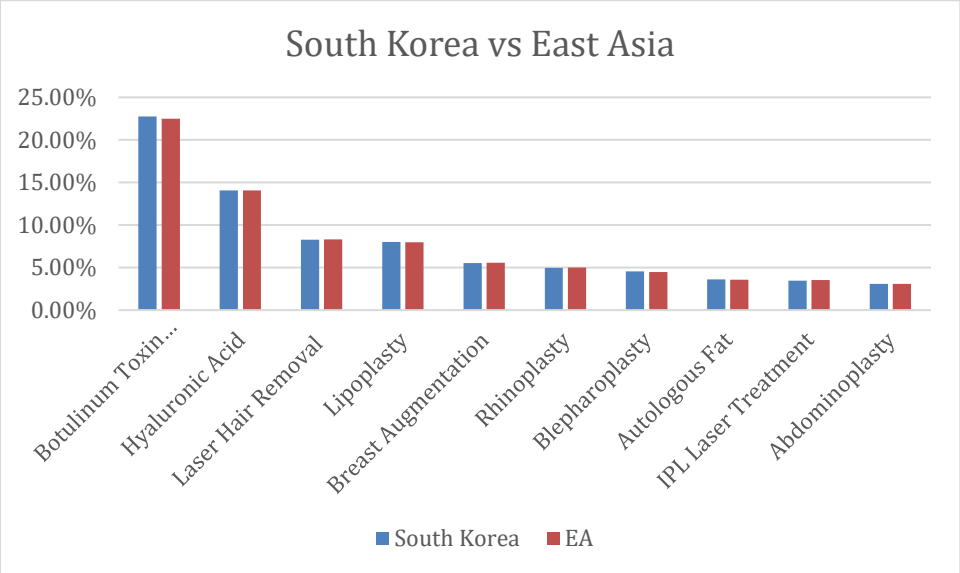
*Comparison with East Asian Profile*

Overall, when compared by procedures, the South Korean profile mirrors the East Asian profile; however, numerically speaking, South Korea performs considerably more cosmetic procedures than the East Asian average. For overall procedures performed in 2011, South Korea performed 130.564 per 10,000 people compared to the East Asian average of 62.414 per 10,000 people. Thus, South Korea performed more than double the East Asian average for total procedures performed for the year 2011.

**Table 14:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the South Korea Profile and East Asia Profile.

| | **South Korea Profile** | **East Asia Profile** |
|---|---|---|
| Total overall Procedures | 130.564 | 62.415 |
| Total Surgical Procedures | 51.899 | 24.814 |
| Total Nonsurgical Procedures | 78.665 | 37.601 |

**Figure 9:** Comparison between the South Korea and East Asia Profiles of Percentages of each Procedure.



As far as ranking, every procedure for combined procedures, surgical procedures, and nonsurgical procedures was ranked exactly the same as the East Asian profile.

As Figure 9 shows, when comparing the percentages of each procedure in relation to overall procedures performed, the percentages are almost exactly the same for each procedure. Thus, while the profiles numerically differ greatly, the same procedures are performed proportionally the same across the profiles.

Therefore, the major difference between the East Asian profile and the South Korea profile is that South Korea performs about double the amount of procedures overall and individually than East Asia did on average. While at first this seems to be why the profiles mirror each other, because the South Korean contribution to the East Asian profile is so large, this does not account for the fact that the Chinese profile also mirrors the East Asian profile, and thus also the South Korean profile.

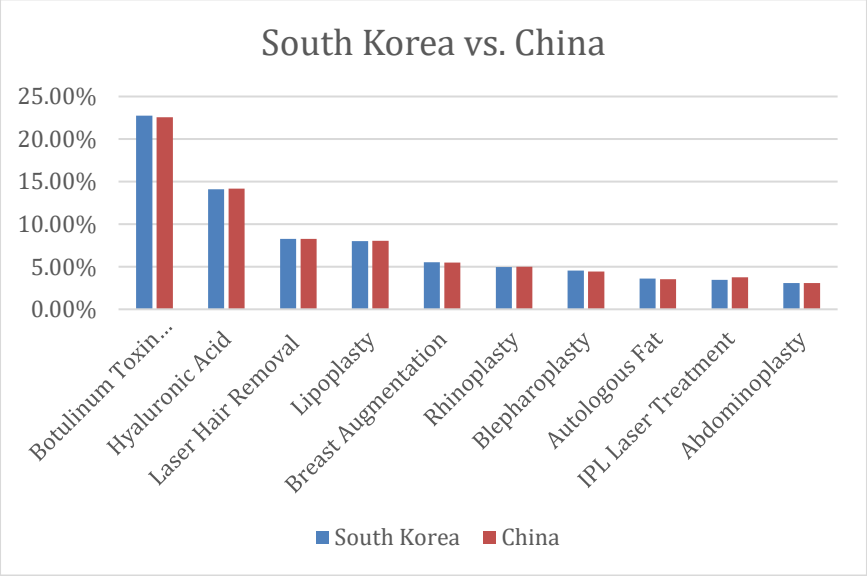
*Comparison with China Profile*

As with the East Asia profile, the South Korea profile resembles the China profile in rankings of procedures; however, there is an enormous numerical difference between how many procedures were performed in 2011. South Korea performed 130.564 cosmetic procedures overall per 10,000 people compared with 7.818 procedures performed per 10,000 people in China. This shows that South Korea performs more than 18 times more cosmetic procedures than China.

**Table 15:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the South Korea Profile and China Profile.

| | **South Korea Profile** | **China Profile** |
|---|---|---|
| Total overall Procedures | 130.564 | 7.818 |
| Total Surgical Procedures | 51.899 | 3.089 |
| Total Nonsurgical Procedures | 78.665 | 4.730 |

**Figure 10**: Comparison between the South Korea and China Profiles of Percentages of each Procedure.




However, as Figure 10 shows, when comparing the percentage of each procedure in relation to overall procedures, the ratios between the two profiles are almost exactly the same. Thus, while the profiles numerically differ greatly, the same procedures were performed proportionally the same across the profiles.

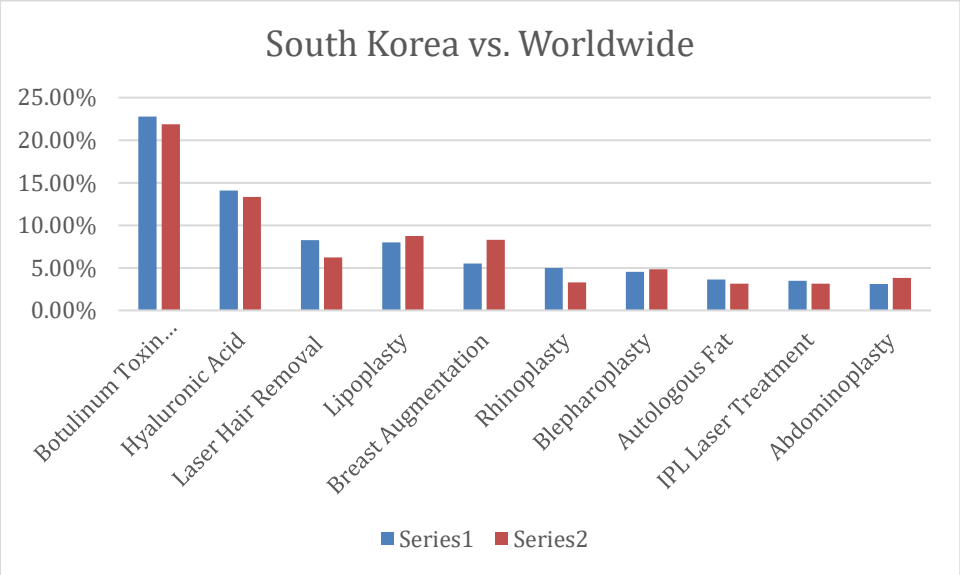
*Comparison with Worldwide Profile*

South Korea when compared with the ranks of the worldwide profile is the same as the East Asian-Worldwide comparison. Numerically, South Korea performed about 6 times more surgical and nonsurgical procedures than the worldwide average.

**Table 16:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the South Korea Profile and Worldwide Profile.

| | **South Korea Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 130.564 | 20.990 |
| Total Surgical Procedures | 51.899 | 9.093 |
| Total Nonsurgical Procedures | 78.665 | 11.898 |

***Figure 11:*** *Comparison between the South Korea and Worldwide Profiles of Percentages of each Procedure.*




The two profiles share similar ratios of Botox, hyaluronic acid, lipoplasty, blepharoplasty, autologous fat, IPL laser treatment, and abdominoplasty procedures. The procedures that proportionally differ the most between the two profiles are laser hair removal, breast augmentation, and rhinoplasty. Laser hair removal comprises 2.09 percent more of the procedures performed in South Korea than in the world, breast augmentation was performed 2.72 percent more in the worldwide profile than in the South Korean profile, and rhinoplasty comprises 1.70 percent more of overall procedures performed in East Asia than in the world.

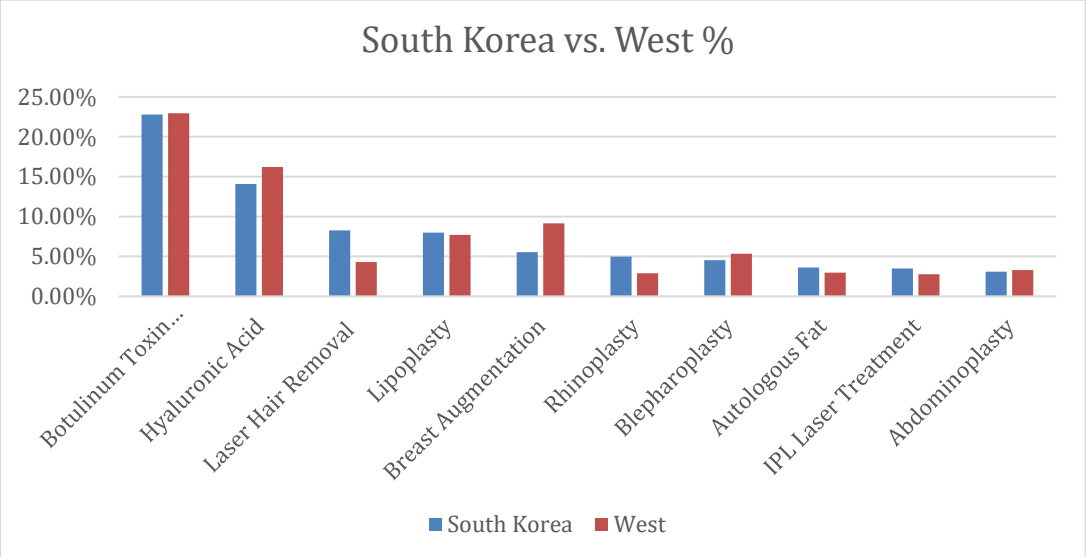
*Comparison with Western Profile*

South Korea when compared with the ranks of the Western profile is also the same as the East Asian-Western comparison. South Korea performed about 1.8 times more total procedures than the West. There were only 2 procedures that were performed numerically more in the West than in South Korea: microdermabrasion and calcium hydroxyapatite. However, these two procedures were only minimally more common in the West than in South Korea.

**Table 17:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the South Korea Profile and West Profile.

| | **South Korea Profile** | **West Profile** |
|---|---|---|
| Total overall Procedures | 130.564 | 69.557 |
| Total Surgical Procedures | 51.899 | 29.546 |
| Total Nonsurgical Procedures | 78.665 | 40.011 |

**Figure 12:** Comparison between the South Korea and West Profiles of Percentages of each Procedure.



When comparing the percentages of the procedures within the profiles, even though Botox was performed almost 15 times more per 10,000 people, in both profiles, it makes up 22% of the overall procedures performed. The procedures that vary the most by percentage can be seen in Figure 12: laser hair removal, breast augmentation, and rhinoplasty, which are the same procedures that differed the most between the Worldwide and East Asian and Chinese profiles. Laser hair removal makes up 3.97 percent more of the overall procedures performed in South Korea than in the West, breast augmentation makes up 3.62 percent more of the overall procedures performed in the West than in East Asia, and rhinoplasty makes up 2.10 percent more of the procedures performed in the East Asian profile than in the Western profile.

*Conclusion about South Korea Profile*

The South Korean profile mirrors the East Asia and China profiles. The most notable difference is that South Korea performed far more procedures than any of the profiles; however, the proportion of each procedure was almost the same when compared with those of the East Asia and China profiles. This suggests that South Korean society has a higher emphasis on undergoing cosmetic procedures, which could be due to various reasons (more societal pressure to uphold beauty ideals, more acceptance of cosmetic procedures, more economical wealth, and/or more accessibility to cosmetic procedures). Even though cosmetic surgery is more popular in South Korea, the comparisons between the three East Asian profiles shows that across these three profiles the same procedures are being performed and proportionally the same amount, which combined with the same differences and similarities exhibited between the comparisons with Western and Worldwide upholds the notion that there exist an East Asian ideal of beauty as opposed to a ‘Western’ or ‘globalized’ ideal of beauty.

*Conclusion/Observations*

All three East Asian profiles resemble each other. This suggests that there is a regional ideal of beauty. All three profiles also proportionally performed more laser hair removal and rhinoplasty procedures than the Western and worldwide profiles, while the Western and worldwide profiles proportionally performed more breast augmentations than the three East Asian profiles. This contradicts the argument that East Asians attempt 'westernized' features through cosmetic surgeries, at least in the case of breast augmentations. This argument is further unsubstantiated by what the data shows about blepharoplasty, a procedure often attributed with 'westernizing' 'Asian' or 'almond' eyes. The data show that blepharoplasty was more popular in numerically and proportionally in the West and the worldwide profiles than in all three East Asian profiles. As Holliday and Taylor argue, some women in South Korea may choose to undergo this surgery to reject feminine ideals and obtain rounder eyes traditionally associated with promiscuity.

Other local factors may also contribute to the differences observed between profiles. For example, the increased popularity of chin augmentation could be due to women rejecting the traditionally Confucian concept of the moon-faced motherly ideal of femininity. In South Korea, this could also be part of making one's face more "auspicious."

Finally, certain procedures like breast lift and breast augmentations are more popular in the Western and worldwide profile than in the East Asian profiles. This suggests, at least in part, that bigger breasts are not as associated with femininity in East Asia as in the West and globally.

In conclusion, the globalization and westernization debate does not appear to be well-supported by the ISAPS data, and endogenous factors appear to weigh more heavily on East Asians decisions to undergo cosmetic procedures. The data seem to support an East Asian ideal of beauty as opposed to a 'Western' or 'globalized' ideal of beauty.

## Findings Chapter B: Latin America

*Latin America Profile*

The Latin American profile (see Table 38 in appendix) shows the average of the procedures performed in 2011 of the following countries: Brazil, Mexico, Colombia, Venezuela, and Argentina. This data was computed to show the per capita average per 10,000 people using the ISAPS Global Statistics.

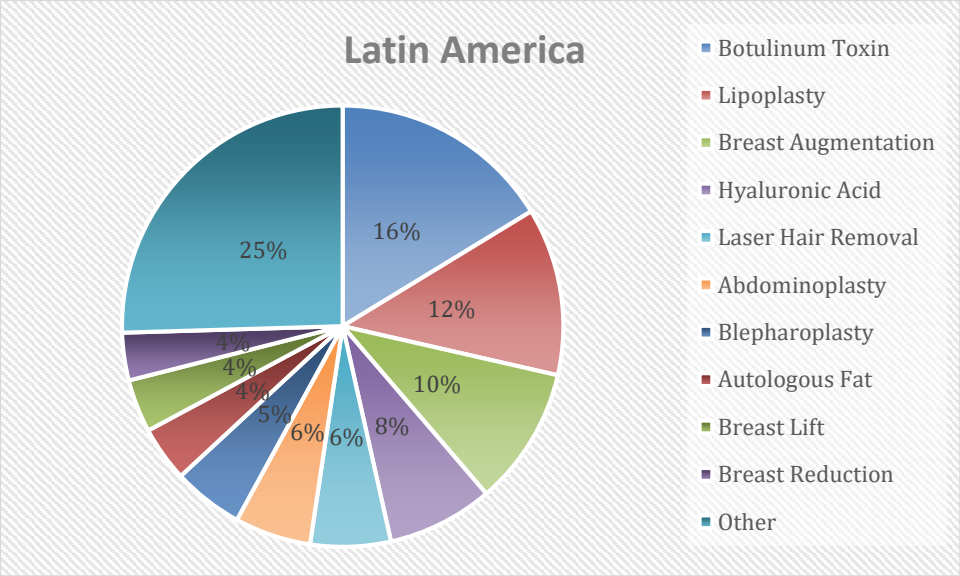
**Table 18:** Latin America Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Botulinum Toxin | 9.612 |
| Lipoplasty | 7.246 |
| Breast Augmentation | 5.988 |
| Hyaluronic Acid | 4.581 |
| Laser Hair Removal | 3.472 |
| Abdominoplasty | 3.298 |
| Blepharoplasty | 3.044 |
| Autologous Fat | 2.387 |
| Breast Lift | 2.289 |
| Breast Reduction | 2.059 |

**Table 19:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Latin America Profile.

| | **Latin America Profile** |
|---|---|
| Total overall Procedures | 59.712 |
| Total Surgical Procedures | 32.196 |
| Total Nonsurgical Procedures | 27.516 |

**Figure 13:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the Latin America Profile.




As seen in Table 19, overall surgical and nonsurgical procedures performed in Latin America in 2011 were 59.712 per 10,000 people. Total surgical procedures performed were 32.196 per 10,000 people. Total nonsurgical procedures performed per 10,000 people were 27.516.

The Latin American profile shows that more surgical procedures were performed on average than nonsurgical procedures by 4.680 procedures per 10,000 people. The top three procedures (Botox, lipoplasty, and breast augmentation) were performed more than 5 times per 10,000 people. All of the top ten procedures were performed 2 or more times per 10,000 people.

The top ten surgical and nonsurgical procedures in order are shown in Table 18 above. Figure 13 shows that Botox accounts for 16 percent of the top ten procedures performed in 2011, and that the top five procedures account for about 52 percent of the overall procedures performed.

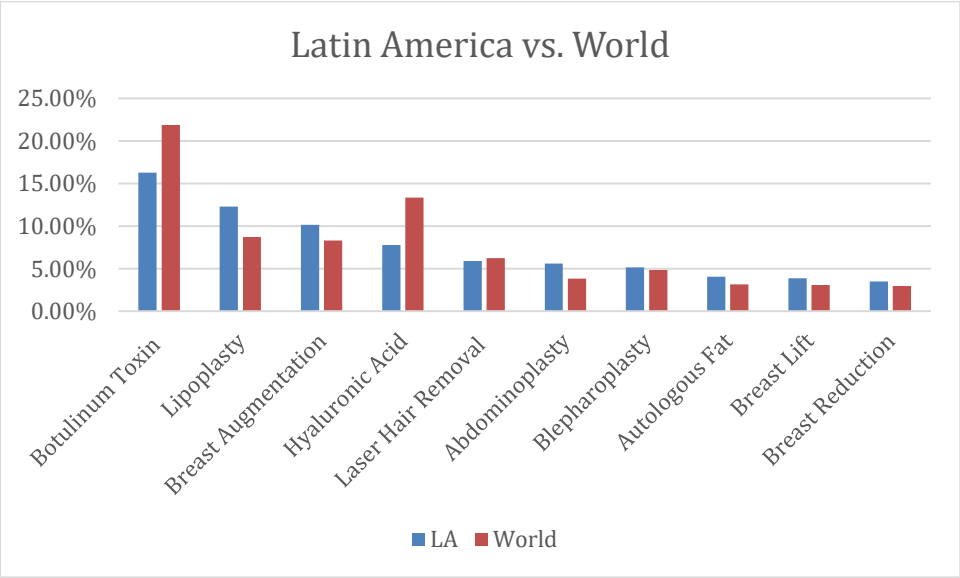
*Comparison with Worldwide Profile*

The Latin American average in 2011 performed more surgical and nonsurgical cosmetic procedures than the worldwide average. The Latin American average for total cosmetic procedures performed in 2011 was 59.712 procedures per 10,000 people compared with 20.990 procedures for the worldwide average. Thus, Latin America on average performed 38.722 more procedures per 10,000 people, or about 2.8 times more cosmetic procedures than the worldwide average.

**Table 20:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Latin America Profile and Worldwide Profile.

| | **Latin America Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 59.712 | 20.990 |
| Total Surgical Procedures | 32.196 | 9.093 |
| Total Nonsurgical Procedures | 27.516 | 11.898 |

**Figure 14:** Comparison between the Latin America and Worldwide Profiles of Percentages of each Procedure.



It is also interesting to note that Latin America on average performed more surgical procedures than nonsurgical procedures, whereas the worldwide average performed more nonsurgical procedures than surgical procedures.

Numerically, the Latin American averages are much higher than those of the worldwide averages; however, when comparing the percentage of procedures performed in each profile, as shown in Figure 14, some procedures weigh much more heavily in the worldwide profile than in the Latin American profile. For example, while Botox is the number one procedure performed in the Latin American profile, in the worldwide profile, Botox accounts for 5.59 percent more of the procedures performed worldwide than in Latin America. Hyaluronic acid also accounts for 5.57 percent more of the procedures performed worldwide than in Latin America. Finally, lipoplasty was performed 3.55 percent more in Latin America than worldwide. While not as stark of difference, but still interesting, buttock augmentations rank 17$^{th}$ in Latin America and 24$^{th}$ in the worldwide profile, and this procedure account for 1.40 percent of overall procedures performed in Latin America as compared with 0.52 percent worldwide. Buttock augmentation is a cosmetic surgical procedure that uses implants, fat grafting or a combination of the two to increase the size of the buttocks by increasing the fullness, roundness and/or projections of the buttocks (ASPS).

Overall, the differences between the Latin American and worldwide averages indicate that Latin America performs many more cosmetic procedures than the worldwide average, Latin America performed more surgical procedures than nonsurgical procedures, Botox and hyaluronic acid comprise a larger percentage of the worldwide average than the Latin America average, lipoplasty comprises a significantly higher percentage of the Latin America average than the worldwide average, and buttock augmentations are ranked higher and proportionally more common in Latin America than worldwide.

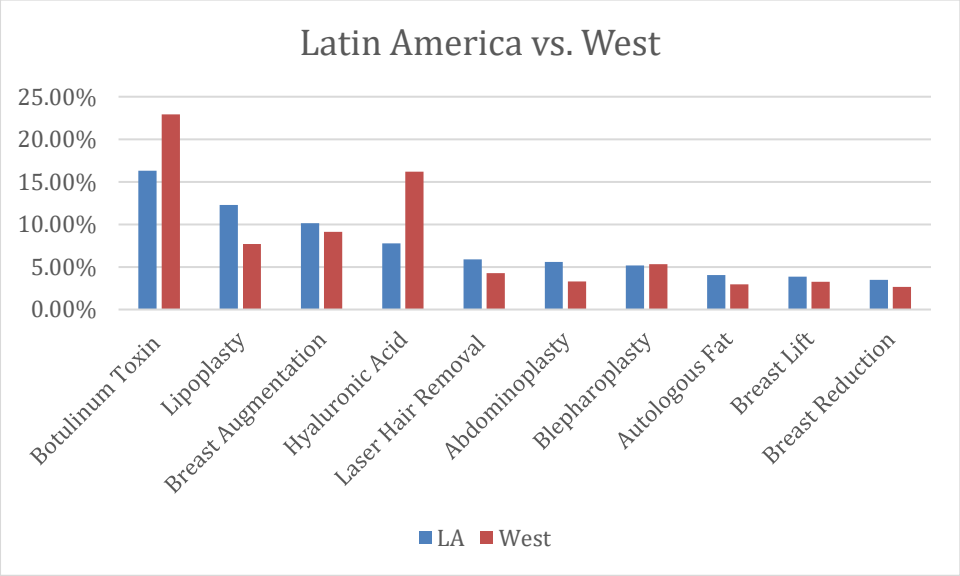
*Comparison with Western Profile*

Overall average cosmetic procedures performed in the Latin America profile are lower than in the Western profile, but, numerically, the Latin America profile more closely resembles the Western profile than the worldwide profile. The Western average performed 9.845 more overall procedures per 10,000 people than the Latin America average. On average, Latin America performed 2.650 more surgical procedures than the Western average, and the Western average performed 12.496 more nonsurgical procedures than the Latin American average.

**Table 21:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Latin America Profile and West Profile.

| | **Latin America Profile** | **West Profile** |
|---|---|---|
| Total overall Procedures | 59.712 | 69.557 |
| Total Surgical Procedures | 32.196 | 29.546 |
| Total Nonsurgical Procedures | 27.516 | 40.011 |

**Figure 15:** Comparison between the Latin America and West Profiles of Percentages of each Procedure.



When comparing surgical procedures numerically, Latin America on average performed more procedures for 9 out of the 18 surgical procedures. These procedures are lipoplasty, abdominoplasty, breast lift, breast reduction, buttock augmentation, lip augmentation, vaginal rejuvenation, chin augmentation, and lower body lift. All of these procedures also make up a larger percentage of the overall procedures performed in Latin America than they do in the West.

As shown in Figure 15, lipoplasty accounts for 4.59 percent more of the procedures performed in Latin America than in the West. This figure also shows that Botox and hyaluronic acid procedures hold much higher percentages in the Western profile than in the Latin American profile. Abdominoplasty and laser hair removal show slightly higher percentages in Latin America, but other than those mentioned above, the remaining top ten procedures comprise about the same proportionality in each profile.

### *Conclusions on Latin American Profile*

The fact that the Latin American profile shows more surgical procedures than nonsurgical procedures, and more surgical procedures overall than the Western profile suggests that there is generally more body dissatisfaction felt in Latin America than in the West, especially because economically speaking, the countries included in the Western profile have a higher GDP per capita than those in the Latin American profile, and surgical procedures usually are more expensive than nonsurgical procedures.

Furthermore, the two procedures performed significantly more in the Latin American profile than in the Western profile were abdominoplasty and lipoplasty, which would suggest that being skinny is very important to Latin American women, and they are generally more dissatisfied with their body weight and/or are more likely to undergo procedures in order to obtain a slimmer body than Western women.

The increased popularity of buttock augmentation and slimming procedures in Latin America supports the argument that media representations pressure women to obtain the stereotypical beautiful "Latina" body. Thus, the data seems to support that the globalized image of a Latina beauty does affect body ideals in Latin America.

Lastly, concerning the feminist debates, the popularity of laser hair removal, which is higher in the Latin American profile than in the Western profile, would support a patriarchal and societal pressure to assume certain concepts of feminine beauty.

*Argentina Profile: Lower Incidence Example*

Argentina represents the lower incident profile, or the profile with the least amount of cosmetic procedures per capita out of those averaged for the Latin America profile. The Argentina profile is a per capita calculation of the cosmetic procedures performed in 2011 using the data reported in the ISAPS Global Statistics (see Table 39 in appendix).

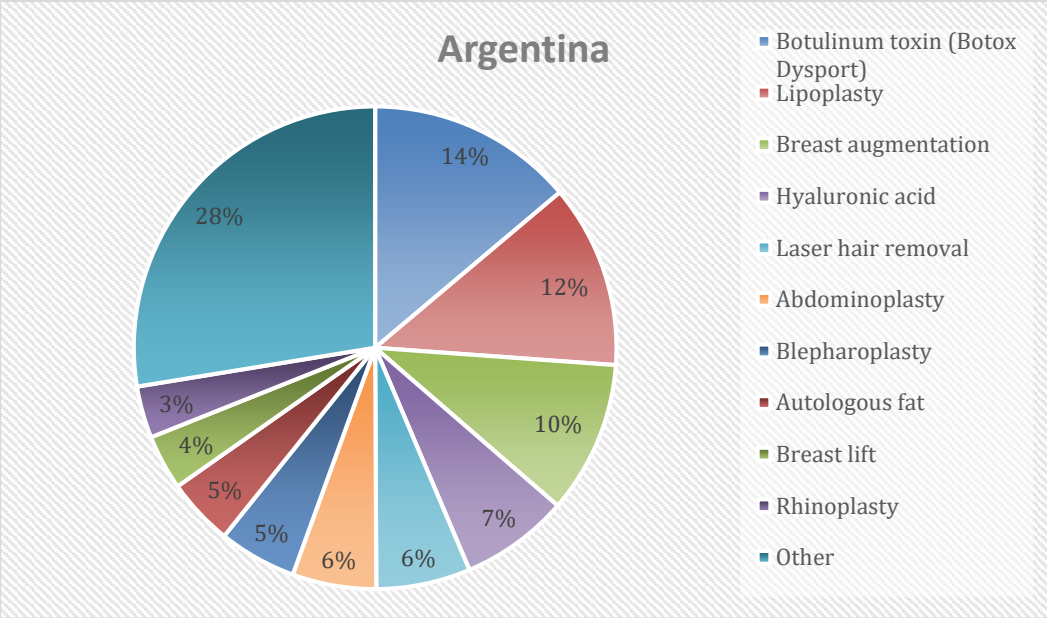
**Table 22:** Argentina Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Botulinum Toxin (Botox Dysport) | 4.379 |
| Lipoplasty | 3.879 |
| Breast Augmentation | 3.224 |
| Hyaluronic Acid | 2.293 |
| Laser Hair Removal | 1.993 |
| Abdominoplasty | 1.776 |
| Blepharoplasty | 1.646 |
| Autologous Fat | 1.424 |
| Breast Lift | 1.166 |
| Rhinoplasty | 1.096 |

**Table 23:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Argentina Profile.

| | **Argentina Profile** |
|---|---|
| Total overall Procedures | 32.000 |
| Total Surgical Procedures | 17.694 |
| Total Nonsurgical Procedures | 14.306 |

**Figure 16:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the Argentina Profile.




Overall procedures performed in 2011 per 10,000 people in Argentina were 32.000, total nonsurgical procedures performed were 14.306, and total surgical procedures performed were 17.694. The number of surgical procedures performed per 10,000 people was more than the number of nonsurgical procedures performed.

The top ten overall procedures performed in 2011 are shown in Table 22. The top ten procedures were all performed one or more times per 10,000 people with Botox injection, lipoplasty, breast augmentation, and hyaluronic acid performed 2 or more times per 10,000 people.

As shown in Figure 16, the top four procedures (Botox, lipoplasty, breast augmentation, and hyaluronic acid) comprise 60 percent of the top ten procedures performed. These four procedures along with laser hair removal account for about 50 percent of the overall procedures performed in Argentina in 2011.

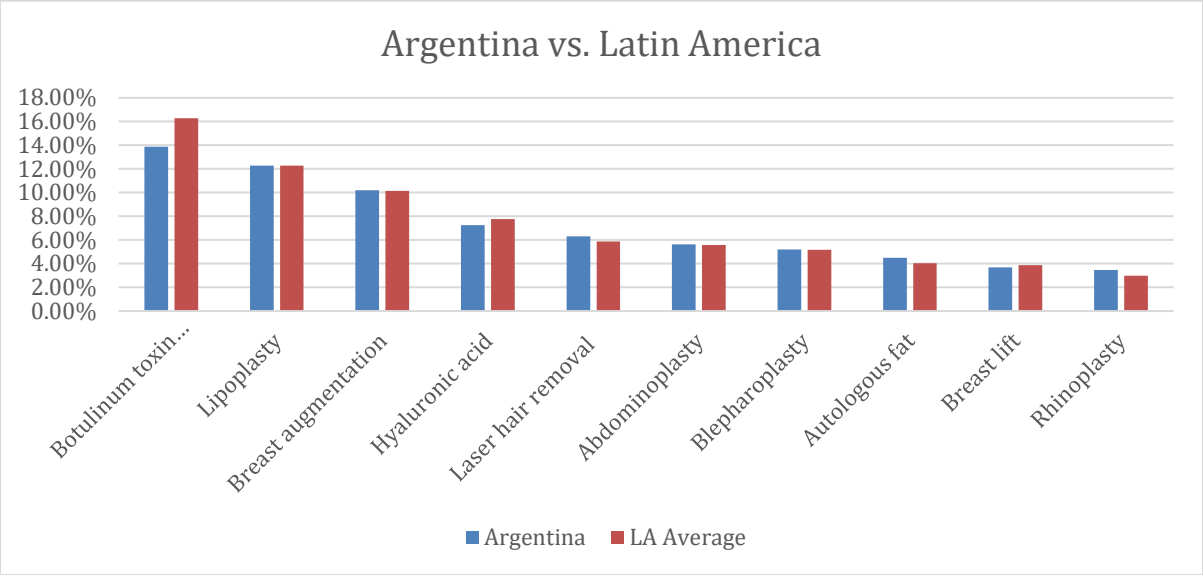
*Comparison with Latin American Profile*

The two profiles are similar, but not identical. The top ten procedures are almost the same procedures, except that the 10th procedure in the Latin America profile is breast reduction and the 10th procedure in the Argentina profile is rhinoplasty. The only procedure when compared with overall surgical and nonsurgical procedures that differed by 5 or more ranks is calcium hydroxyapatite, which ranked 31st in Argentina and 25th in Latin America.

**Table 24:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Argentina Profile and Latin America Profile.

| | **Argentina Profile** | **Latin America Profile** |
|---|---|---|
| Total overall Procedures | 32.000 | 59.712 |
| Total Surgical Procedures | 17.694 | 32.196 |
| Total Nonsurgical Procedures | 14.306 | 27.516 |

**Figure 17:** Comparison between the Argentina and Latin America Profiles of Percentages of each Procedure.




When comparing the surgical and nonsurgical procedures separately, rankings are almost all the same with some procedures differing by no more than two ranks. Another similarity is that both profiles show surgical procedures being performed more than nonsurgical procedures.

Numerically, Argentina on average performed significantly less procedures than the Latin American average. Latin America on average performed 27.712 more overall procedures than Argentina, or about 1.8 times more procedures. However, as Figure 17 shows, the comparison of the percentages of each procedure shows that they represent similar percentages of overall procedures for almost all procedures. There is one procedure that differs in this aspect between the two profiles: Botox. Botox accounts for 2.43 percent more of all procedures performed in Latin America than it does in Argentina. This shows that most procedures share similar popularity in each profile, but that Botox is more popular in the Latin America profile than the Argentina profile.

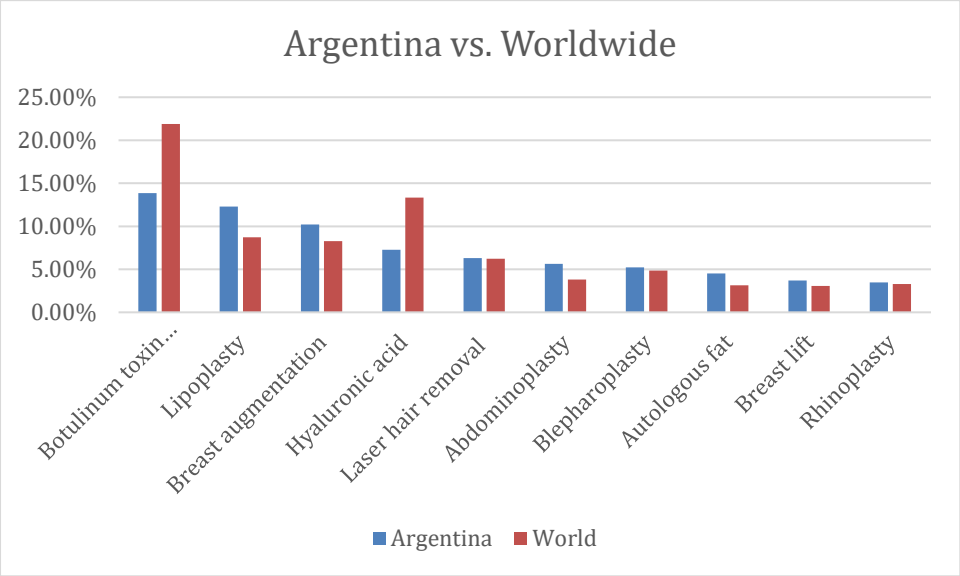
*Comparison with Worldwide Profile*

While the Argentina profile is on the lower spectrum of the Latin American profile, it is higher than the worldwide average. Thus, when compared numerically with the worldwide average, Argentina performed, on average, more procedures per 10,000 people than the worldwide average. There is only one procedure out of all 31 procedures that was performed more (albeit marginally more) in the worldwide profile than the Argentina profile: calcium hydroxyapatite, which is a dermal filler that diminishes creases, lines and wrinkles on the face (ASAPS).

**Table 25:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Argentina Profile and Worldwide Profile.

| | **Argentina Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 32.000 | 20.990 |
| Total Surgical Procedures | 17.694 | 9.093 |
| Total Nonsurgical Procedures | 14.306 | 11.898 |

**Figure 18:** Comparison between the Argentina and Worldwide Profiles of Percentages of each Procedure.



When comparing rankings, the top ten procedures are the same procedures ordered differently expect that breast lifts is in the top ten for the Latin America profile and IPL laser treatment is in the top ten in the worldwide profile. Out of the 31 total procedures, 3 procedures vary 5 or more rankings: buttock augmentation, vaginal rejuvenation, and calcium hydroxyapatite. Buttock augmentation ranks 18$^{th}$ in the Argentina profile and 24$^{th}$ in the worldwide profile, vaginal rejuvenation ranks 23$^{rd}$ in the Argentina profile and 28$^{th}$ in the worldwide profile, and calcium hydroxyapatite ranks 31$^{st}$ in the Argentina profile and 20$^{th}$ in the worldwide profile. When these procedures are compared with just surgical/nonsurgical procedures, buttock augmentation and vaginal rejuvenation only rank 2 higher than the worldwide profile, and calcium hydroxyapatite ranks 3 lower than the worldwide profile.

Figure 18 shows a comparison of the percentages of each procedure, which shows that these two profiles vary significantly for three procedures: Botox, lipoplasty, and hyaluronic acid. While numerically Argentina and the worldwide profiles performed almost the same amount of Botox procedures, Botox procedures account for 8.02 percent more of the overall procedures performed worldwide than in Argentina. Similarly, hyaluronic acid accounts for 6.07 percent more of the procedures performed worldwide than in Argentina. The Argentina profile shows that lipoplasty procedures comprise 3.55 percent of the overall procedures than the worldwide profile. Buttock augmentations also account for one percent more procedures performed in Argentina than worldwide.

This shows that face-related procedures like Botox and hyaluronic acid are much more popular worldwide than they are in Argentina. Similarly, lipoplasty surgeries and buttock augmentations also are more common in Argentina than they are worldwide.

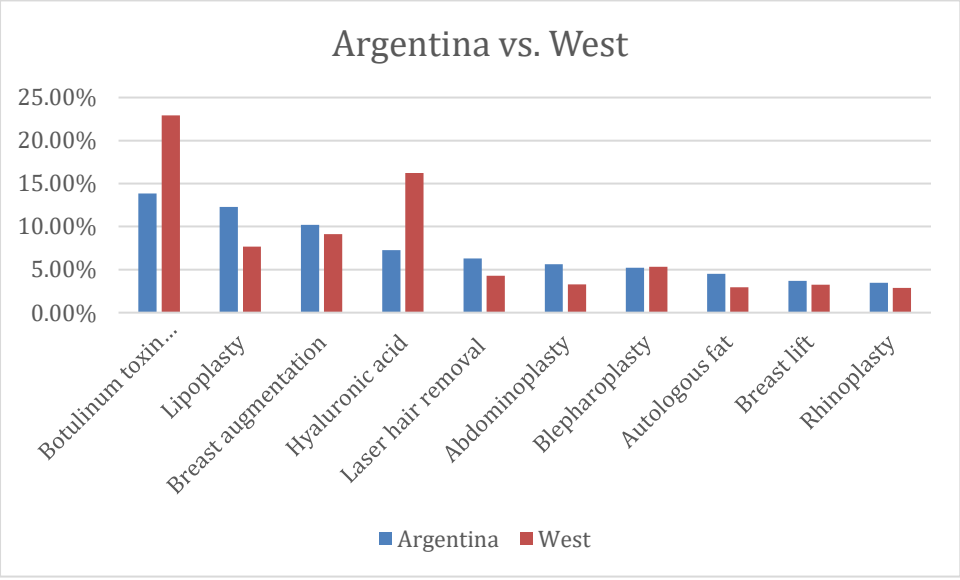
*Comparison with Western Profile*

Argentina is below the Western average, but like the Latin America profile, Argentina did perform on average more surgical procedures than nonsurgical procedures, which is the opposite of the Western profile.

**Table 26:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Argentina Profile and West Profile.

| | **Argentina Profile** | **West Profile** |
|---|---|---|
| Total overall Procedures | 32.000 | 69.557 |
| Total Surgical Procedures | 17.694 | 29.546 |
| Total Nonsurgical Procedures | 14.306 | 40.011 |

**Figure 19:** Comparison between the Argentina and West Profiles of Percentages of each Procedure.




Overall, Argentina performed far fewer procedures per capita than the Western profile. The Western average performed 37.557 more overall procedures per 10,000 people than the Argentina profile, or about 2.1 times more overall procedures.

When comparing the rankings of overall procedures, buttock augmentation, laser-assisted liposuction and calcium hydroxyapatite differ the most. Buttock augmentation ranks 18th in Argentina and 30th in the West, laser-assisted liposuction ranks 21st in Argentina and 29th in the West, and calcium hydroxyapatite ranks 31st in Argentina and 19th in the West. When laser-assisted liposuction and calcium hydroxyapatite are ranked only with nonsurgical procedures, the rankings between the two profiles differ by 3. When buttock augmentation is ranked only with surgical procedures, the rankings between the profiles is still very large—it ranks 10th in Argentina and 17th in the West.

When comparing the percentages shown in Figure 19, Botox, lipoplasty, and hyaluronic acid stand out the most. Botox comprises 9.07 percent more of the overall procedures in the West profile than in the Argentina profile, and hyaluronic acid accounts for 8.95 percent more of the overall procedures performed in the West in 2011 than in Argentina. Lipoplasty comprises 4.59 percent more of the overall procedures performed in Argentina than in the West, and buttock augmentations consisted of 1.37 percent more of the procedures performed in Argentina than in the West. These differences show that youthful faces are more frequently sought after in the West than in Argentina, and that larger buttocks and slimmer body shapes are more commonly sought after in Argentina.

*Conclusions about the Argentina Profile*

The Argentina and Latin America profiles did not differ significantly. The major difference was that the sheer number of procedures performed was much higher in the Latin America profile. Regionally, the profiles are similar and both laser-assisted liposuction and buttock augmentations are significantly more popular in these countries than in the West profile. This would support that regionally the ideals of beauty are similar.

The increased popularity of buttock augmentation and laser-assisted liposuction in Argentina would support the media pressure to obtain the stereotypical beautiful "Latina" body. Thus, the data support the notion that the globalized and stereotyped image of a Latina beauty does affect body ideals in Argentina.

*Brazil Profile: Higher Incidence Example*

The Brazil profile is the high incidence example in Latin America (see Table 40 in appendix). This means that on the spectrum of cosmetic procedures performed per capita in Latin America in 2011, Brazil performed the most procedures. Brazil in 2011 performed 72.174 overall cosmetic procedures, 45.139 surgical procedures, and 27.035 nonsurgical procedures per 10,000 people. As with the Latin America and Argentina profiles, Brazil performed more surgical procedures than nonsurgical procedures by an average of 18.104 procedures.

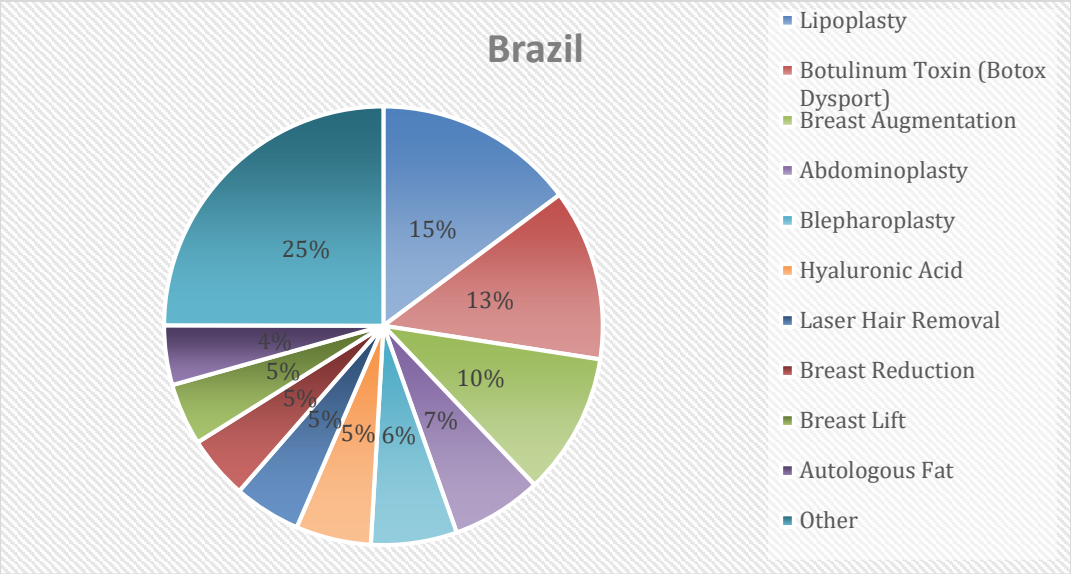
**Table 27:** Brazil Profile of Top 10 Cosmetic Procedures Performed in 2011 (per 10,000 people)

| **Total Procedures** | **Procedures Performed** |
|---|---|
| Lipoplasty | 10.52815 |
| Botulinum Toxin (Botox Dysport) | 8.969737 |
| Breast Augmentation | 7.428875 |
| Abdominoplasty | 4.737939 |
| Blepharoplasty | 4.502398 |
| Hyaluronic Acid | 3.9412 |
| Laser Hair Removal | 3.515253 |
| Breast Reduction | 3.312278 |
| Breast Lift | 3.239616 |
| Autologous Fat | 3.119377 |

**Table 28:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Brazil Profile.

| | **Brazil Profile** |
|---|---|
| Total overall Procedures | 72.174 |
| Total Surgical Procedures | 45.139 |
| Total Nonsurgical Procedures | 27.035 |

**Figure 20:** Percentages of the Top 10 Cosmetic Procedures Performed per 10,000 People in the Brazil Profile.




The top ten overall procedures performed in Brazil in 2011 are shown in Table 27. Numerically, the top 19 procedures were performed one or more times per 10,000 people, the top ten procedures were all performed more than 3 times per 10,000 people, and the top 3 procedures were performed more than 5 times per 10,000 people.

Lipoplasty ranked number one in Brazil, which differs with all of the rest of the profiles. Lipoplasty accounts for 14.82 percent of all procedures performed in Brazil in 2011. The top five procedures (lipoplasty, Botox, breast augmentation, abdominoplasty, and blepharoplasty) account for over 50 percent of the overall procedures performed in Brazil in

2011. Brazil is also the only profile that includes breast reductions in the top ten procedures, and they account for 4.66 percent of the overall procedures performed.

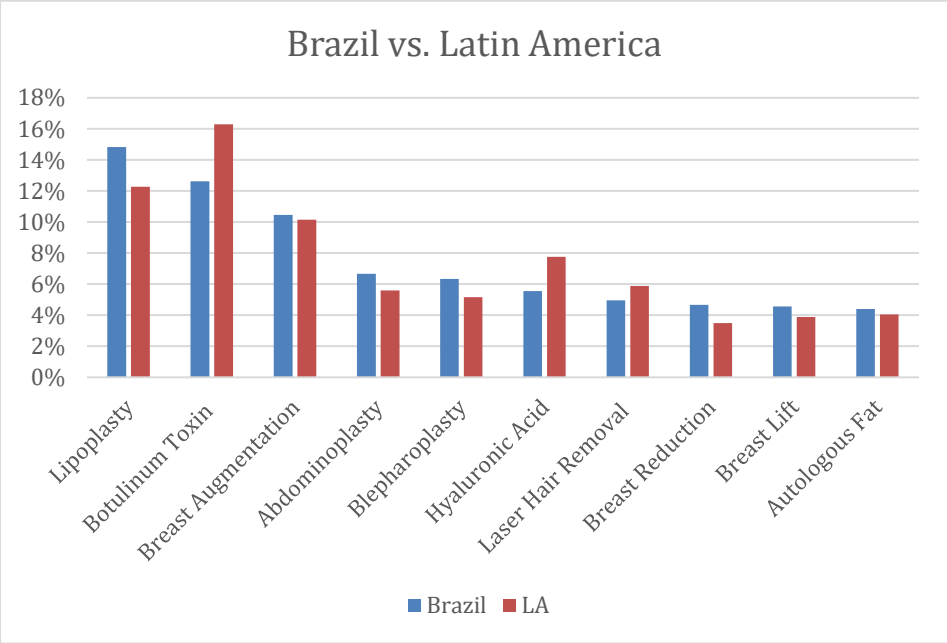
*Comparison with Latin American Profile*

The immediate observation is that Brazil performed more surgical procedures than the Latin American average. Brazil performed 12.462 more overall procedures than the Latin American average. Brazil performed 12.943 more surgical procedures than the Latin American average. However, Brazil performed almost the exact same amount of nonsurgical procedures as the Latin American average. Latin America performed only 0.481 more nonsurgical procedures than Brazil.

**Table 29:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Brazil Profile and Latin America Profile.

| | **Brazil Profile** | **Latin America Profile** |
|---|---|---|
| Total overall Procedures | 72.174 | 59.712 |
| Total Surgical Procedures | 45.139 | 32.196 |
| Total Nonsurgical Procedures | 27.035 | 27.516 |

**Figure 21:** Comparison between the Brazil and Latin America Profiles of Percentages of each Procedure.




When comparing rankings, the top ten overall procedures are the same procedures but ordered differently. There is only one procedure that varied by 5 or more rankings between the profiles: Microdermabrasion. It ranked 16$^{th}$ in Brazil and 11$^{th}$ in the Latin American profile.

The most interesting difference between the profiles is shown in Figure 21. As the figure shows, lipoplasty and breast reduction procedures account for a higher percentage of the overall procedures performed in Brazil than in Latin America. Similarly, Botox and hyaluronic acid comprise a higher percentage of overall procedures performed in Latin America than in Brazil. This suggests that youthful faces are more highly valued in the Latin American region on whole than in Brazil, and that there are more pressures or opportunities to undergo lipoplasty and breast reduction surgeries in Brazil than in the region as a whole. Finally, the increase in breast reductions most likely can be attributed to the 'guitar body' shape that traditionally is considered beautiful in Brazil.

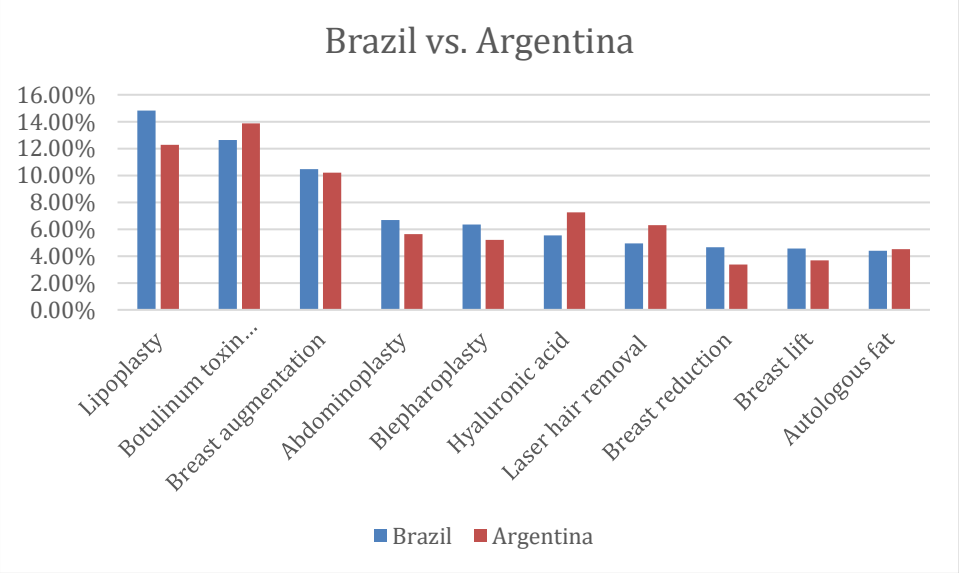
*Comparison with Argentina Profile*

The Argentina profile more closely reflects the Latin America profile than it does the Brazil profile. When comparing the two profiles numerically, Brazil performed significantly more procedures overall than Argentina. Brazil performed 40.174 more, or about 2.2 times more overall procedures than Argentina. Numerically, Argentina did not perform any procedure more times per 10,000 people than Brazil. The top ten procedures are the same procedures differently ordered, except for one procedure, breast reduction. Breast reduction ranked 8th in Brazil and 12th in Argentina.

**Table 30:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Brazil Profile and Argentina Profile.

| | **Brazil Profile** | **Argentina Profile** |
|---|---|---|
| Total overall Procedures | 72.174 | 32.000 |
| Total Surgical Procedures | 45.139 | 17.694 |
| Total Nonsurgical Procedures | 27.035 | 14.306 |

**Figure 22:** Comparison between the Brazil and Argentina Profiles of Percentages of each Procedure.



As Figure 22 shows, there are three procedures in the top ten procedures that hold a higher percentage of overall procedures performed in Argentina than in Brazil: Botox, hyaluronic acid, and laser hair removal. Lipoplasty holds a significantly higher percentage of overall procedures performed in Brazil than in Argentina, and slightly higher percentages for abdominoplasty, blepharoplasty, breast reduction, and breast lift. This comparison is similar to that of the Brazil and Latin America profiles in that it appears Argentina, like the region of Latin America, finds youthful, even faces more beautiful than in Brazil, and in Brazil, slim bodies and smaller breasts are more highly valued than in Argentina.

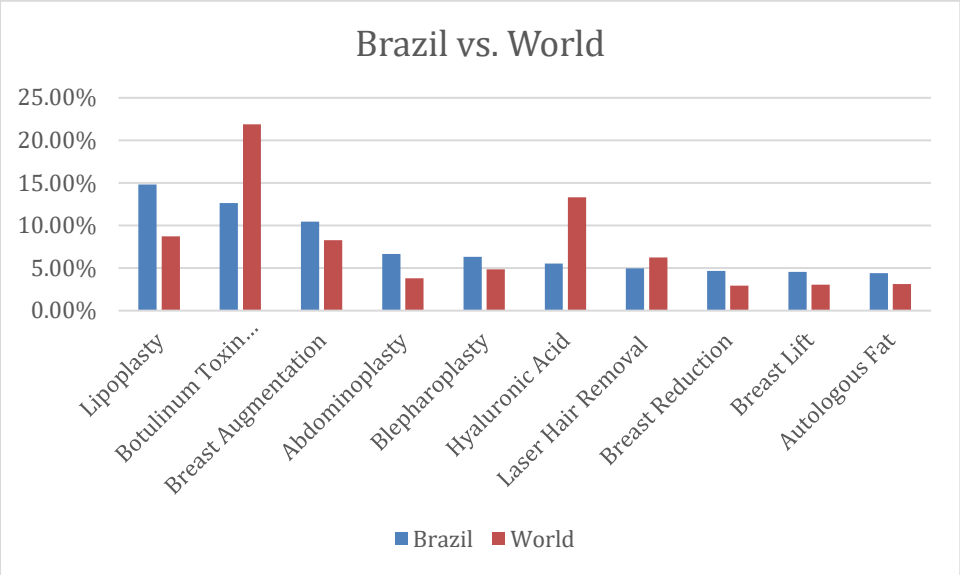
*Comparison with Worldwide Profile*

Brazil performed significantly more procedures overall than the worldwide average. Brazil performed 51.184 more overall procedures per 10,000 people, or about 3.4 times more procedures than the worldwide average. Brazil performed 36.046 more surgical procedures per 10,000 people, or about 5 times more procedures than the worldwide average. Brazil performed 15.137, or 2.3 times, more nonsurgical procedures than the worldwide average.

**Table 31:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Brazil Profile and Worldwide Profile.

| | **Brazil Profile** | **Worldwide Profile** |
|---|---|---|
| Total overall Procedures | 72.174 | 20.990 |
| Total Surgical Procedures | 45.139 | 9.093 |
| Total Nonsurgical Procedures | 27.035 | 11.898 |

**Figure 23:** Comparison between the Brazil and Worldwide Profiles of Percentages of each Procedure.




Looking at overall procedure rankings, breast reduction and breast lift are two procedures that rank in the top 10 in Brazil but not in the top ten in the worldwide profile. Buttock augmentation, vaginal rejuvenation, and lower body lift all ranked all ranked 5 or more rankings higher on the Brazil profile than on the worldwide profile. Buttock augmentation ranks 19$^{th}$ in Brazil and 24$^{th}$ worldwide, vaginal rejuvenation ranks 22$^{nd}$ in Brazil and 28$^{th}$ worldwide, and lower body lift ranks 25$^{th}$ in Brazil and 30$^{th}$ worldwide. Calcium hydroxyapatite ranks 10 ranks lower in Brazil than in the world with a rank of 30 in Brazil and 20 in the world.

Another interesting aspect is that the top five surgical procedures for Brazil includes breast reduction, but breast reduction is ranked 7$^{th}$ in the worldwide profile. Out of all 31 surgical and nonsurgical procedures, there is only one procedure that was performed more per 10,000 people in the worldwide average than in Brazil: calcium hydroxyapatite.

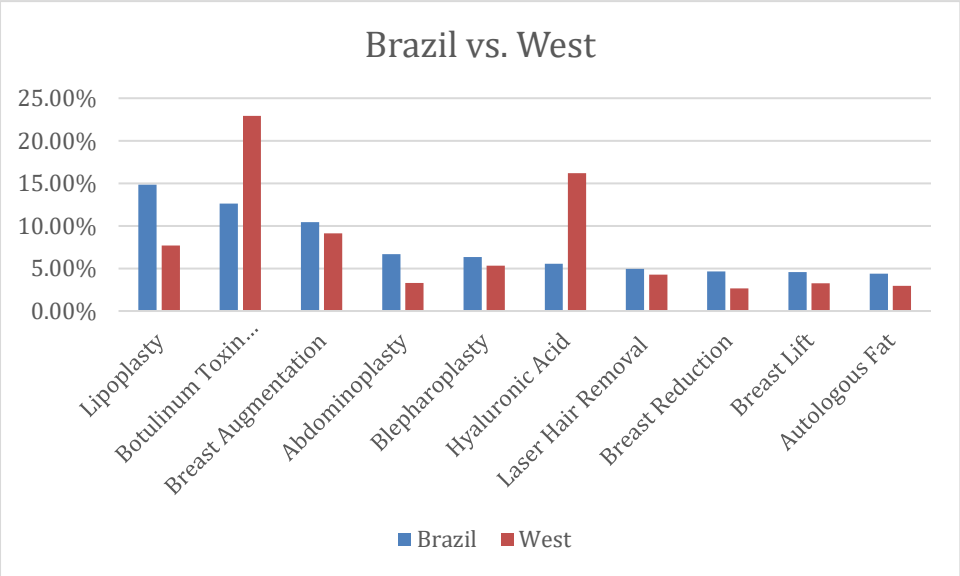
When comparing the percentages of procedures performed, as shown in Figure 23, lipoplasty, Botox, and hyaluronic acid differ the most. Lipoplasty makes up about 6 percent more of the overall procedures performed in Brazil than in the world, whereas Botox accounts for 9.25 percent more and hyaluronic acid makes up 7.78 percent more of the

overall procedures performed worldwide than in Brazil. Other differences include breast augmentation, abdominoplasty, blepharoplasty, breast reductions, breast lifts, and autologous fat procedures, which make up a slightly larger portion of the procedures performed in Brazil than worldwide, while laser hair removal comprises a slightly larger portion of overall procedures performed worldwide than in Brazil.

**Table 32:** Breakdown of Total Procedures, Surgical Procedures, and Nonsurgical Procedures Performed per 10,000 People in 2011 for the Brazil Profile and West Profile.

| | **Brazil Profile** | **West Profile** |
|---|---|---|
| Total overall Procedures | 72.174 | 69.557 |
| Total Surgical Procedures | 45.139 | 29.546 |
| Total Nonsurgical Procedures | 27.035 | 40.011 |

**Figure 24:** Comparison between the Brazil and West Profiles of Percentages of each Procedure.



*Comparison with Western Profile*

The Brazil profile closely resembles the numbers of the Western average than those of the Latin American or worldwide averages. Brazil performed more overall procedures and more surgical procedures than the Western average. Brazil performed 2.617 more overall procedures than the Western average and 5.127 more surgical procedures than the Western average. The Western average performed 2.511 more nonsurgical procedures than Brazil.

When comparing the overall procedures, the top 5 procedures in Brazil and the West differ. In Brazil the top 5 overall procedures in order from most performed to least are lipoplasty, Botox, breast augmentation, abdominoplasty, and blepharoplasty. In the Western profile, these procedures are Botox, hyaluronic acid, breast augmentation, lipoplasty, and blepharoplasty. Thus, hyaluronic acid is the main difference.

Furthermore, buttock augmentation, laser-assisted liposuction and calcium hydroxyapatite differ by 5 or more rankings. Buttock augmentation ranks 19$^{th}$ in Brazil and 30$^{th}$ in the West, laser-assisted liposuction ranks 24$^{th}$ in Brazil and 29 in the West, and calcium hydroxyapatite ranks 30$^{th}$ in Brazil and 19$^{th}$ in the West. Another interesting aspect to note is that breast reduction procedures are ranked 8$^{th}$ in Brazil but only 12$^{th}$ in the West.

For surgical procedures, the largest difference in ranks is for buttock augmentation, which ranked 11$^{th}$ in Brazil and 17$^{th}$ in the West. For nonsurgical procedures, the largest difference between ranks was for laser-assisted liposuction, which ranked 10$^{th}$ in Brazil and 13$^{th}$ in the West, and calcium hydroxyapatite, which ranked 13$^{th}$ in Brazil and 10$^{th}$ in the West.

Numerically speaking, Brazil performed about twice as many lipoplasty procedures than the West. Brazil also performed more surgical procedures per 10,000 people for every procedure except buttock lift. For nonsurgical procedures, Brazil performed more procedures per 10,000 people for 6 out of the 13 procedures: laser hair removal, autologous fat, IPL laser

treatment, microdermabrasion, laser skin resurfacing, and laser-assisted liposuction. The Western average performed 6.798 more Botox injections than Brazil and 7.207, or 2.8 times more hyaluronic acid procedures than Brazil. The rest of the procedures differed by less than one procedure per 10,000 people.

When considering these numbers proportionally, as shown in Figure 24, the stark numerical differences mentioned above are further highlighted. Lipoplasty procedures proportionally account for 7.13 percent more of the procedures performed in Brazil than in the West. Similarly, Botox and hyaluronic acid procedures account for significantly more procedures performed in the West than in Brazil (12.30 percent more for Botox and 10.66 percent more for hyaluronic acid). For the remaining procedures shown in the figure, Brazil holds higher percentages of procedures performed overall, with abdominoplasty and breast reductions holding the largest difference (more than two percent difference) between the two profiles.

*Conclusions about Brazil Profile*

Brazil performed significantly more surgical procedures than the Latin America profile, but almost the same amount of nonsurgical procedures as the Latin America profile. It would be hard to pinpoint exactly why this is (higher levels of body dissatisfaction, less stigmatization of surgical procedures, better clinics, etc.); however, it would be safe to say that the inclusion of cosmetic procedures as part of the public health care system would certainly affect this by broadening the availability of cosmetic surgery to all people from all socio-economic backgrounds.

The increased popularity of breast reductions in Brazil as compared with the Latin America, Argentina, West, and worldwide profiles, as well as the higher popularity of buttock

augmentation when compared with the West and worldwide profiles support the continued importance of the guitar-shaped body in Brazilian society. The Brazil profile suggests that Brazilians are not undergoing cosmetic procedures in an attempt to meet a 'westernized' ideal of beauty but rather because of local concepts of beauty and femininity. The data support higher pressures and/or acceptance and accessibility of cosmetic procedures in Brazil than in the West due to the large number of surgical procedures performed per capita.

*Overall Conclusions*

It is interesting to note that the Latin American average as well as both the lower and higher incidence examples (Argentina and Brazil) all performed more surgical procedures than nonsurgical procedures, which differs from the worldwide and Western profiles. Surgical procedures are generally more expensive than nonsurgical procedures, so one might assume that the opposite would be true—that the West would perform more surgical procedures than nonsurgical procedures because it is more economically well off. Furthermore, Brazil performed more surgical procedures overall than the Western average, even though Brazil is not as developed or economically stable as the countries included in the Western average.

When comparing the overall surgical and nonsurgical procedures, the Brazilian profile deviates most from the Latin American profile and also the worldwide profile, while the Latin American and Argentinian profiles closely resemble each other and share more similarities with the worldwide profile. This suggests that the factors influencing Brazilian's decisions to undergo cosmetic procedures are not necessarily the same as the factors that influence Argentines and other Latin Americans. In the case of Brazil, it is possible that this would be due to the traditional guitar-shaped body look and the *mesticagem* that has created a more racially inclusive ideal of beauty.

Overall, the Latin American, Brazilian, and Argentinian profiles show that buttock augmentation and laser-assisted liposuction is a more preferred procedure in Latin America than in the world or the West. This supports the notion that widespread media stereotyping and sexualizing of "Latina" beauties affects women's body dissatisfaction and decisions to have cosmetic surgery. This concept of a Latin beauty that is widely represented in international and national media excludes the racially rich heritage of most Latin Americans and therefore creates an impossible standard of beauty that many women could not naturally achieve.

Thus, according to the data, it appears that Latin women undergo cosmetic procedures in an attempt to meet traditional as well as stereotyped ideals of beauty and femininity rather than a 'westernized' ideal of beauty.

## Discussion

The goal of this project was to examine the following questions:

1. How do regions and countries' cosmetic surgery profiles compare to one another? Which procedures are most common? Which procedures differ the most between the profiles?
2. What are the causes of these trends in favor of cosmetic surgery? Is there an attempt in these regions to become more "Westernized" through cosmetic surgery, or do other factors like local history and culture define beauty ideals to a greater extent? Do societal gender roles and stereotypes pressure women to become more beautiful and thus undergo more cosmetic procedures?

The 10 most popular procedures in each region and globally are almost all the same procedures. This supports the notion that there is a globalized ideal of beauty in some sense of the concept. People, regardless of region, perceive the same areas to be "problem areas" or certain features, like skinniness, to be globally considered more beautiful. For example, all the regions and countries included lipoplasty, Botox, hyaluronic acid, and breast augmentation in the top five total procedures. This would suggest that globally, youthful, wrinkle-free faces, skinnier figures, and larger breasted women are considered more beautiful.

### *Latin America*

The Latin America, Argentina, and Brazil profiles were the only profiles where more surgical procedures were performed than nonsurgical procedures. This would support the idea that there exists exaggerated western beauty ideals and extremely thin body type that Argentine women strive for and the association of beauty as a part of Brazilian national

identity and pride that has resulted in what Forbes et al deem an obsession with achieving the perfect body. In today's society, the easiest and quickest way for these women to change something about their body is through cosmetic surgery, and the fact that the region performs a high number of procedures overall and more surgical procedures than nonsurgical procedures suggests that women use cosmetic surgery as a method to achieve beauty standards. In the region as a whole, these pressures are likely largely due to an attempt to relieve societal pressures and fulfill one's identity as 'Brazilian' or 'Latina.'

Furthermore, the significantly high rates of cosmetic surgeries regionally also align with the severe body dissatisfaction found in these two countries for the same reasons mentioned above: body dissatisfaction can be easily and quickly resolved through cosmetic surgery. For example, in the case of Argentina, Forbes et al believe that a history of military dictatorships and turbulent social, economic, and political situations has left the Argentine people largely with a sense of general dissatisfaction and the feeling of having no control in any aspect of their lives. They argue that this has led to increased body dissatisfaction as a psychological response to this, and cosmetic procedures offer not only a way to relieve body dissatisfaction, but also a way to feel a sense of control over oneself. Similarly, in the case of Brazil, these high rates of cosmetic surgery align with Forbes et al's claim that beautiful women have become a part of Brazilian identity that has created a cultural obsession with the perfect Brazilian body. Furthermore, the data support the surveys cited by Forbes et al that found that 70% of Brazilian women had high levels of body dissatisfaction, and that 50% of them were planning on having cosmetic surgery (2012: 6).

Breast reduction and buttock augmentation ranked higher in Brazil than in other country/region and proportionally made up more of the procedures performed in Brazil than in the West and worldwide, which aligns with the traditionally accepted beautiful body, *um corpo de violão.* Buttock augmentations are also more popular in Argentina and the Latin

American region than the other regions, which supports that media representations of Latina beauties have influenced buttock augmentations in an attempt to acquire a "J-Lo butt" and breast augmentations in an attempt to appear more like the beautiful, sexualized idea of a Latina beauty that is widely transmitted through the media.

The feminist debates surrounding these issues seem to contradict one another. The first and second wave feminists would claim these representations are based on men's idea of what is beautiful, and women succumb to the societal pressure to align with these notions of beauty. Third wave feminists would argue that they are freely choosing to undergo these surgeries and are empowered by this choice. I think that the newest wave of feminism holds true for the trends seen in Latin American cosmetic procedures: women are choosing and sometimes feeling empowered by their choices to undergo some cosmetic procedures, but their choices inherently bear societal pressures and influences. While the decision to undergo cosmetic surgery to increase vocational opportunities empower these women, the perceived need to be more attractive to have better job opportunities is inherently based on patriarchal ideas of femininity and beauty. Furthermore, the importance of beauty in national identity—that is, the notion that to be 'Brazilian' or 'Latina,' a women must have certain features—also aligns with second wave feminism and represents a patriarchal ideal of beauty that is imposed on women.

*East Asia*

Blepharoplasty, or eyelid surgery, is not as common in East Asia as one might assume, and this can be attributed to national identity and desiring to enhance already Asian features without overly "westernizing" Asian features. This supports Holliday and Elfving-Hwang's assertion that South Korean's negatively view cosmetic procedures that overly 'Westernize' features as rejecting the Korean identity.

While the East Asian profiles do not fully support the notion that East Asians undergo cosmetic procedures in an attempt to achieve a global or Western ideal of beauty, the profiles support that regionally and cross nationally, there is a shared ideal of beauty. This would most probably be due to similar histories and cultural influences, like the cross-national importance of Confucianism.

The high rates of cosmetic procedures performed in South Korea also uphold Holliday and Elfving-Hwang's findings that cosmetic surgery is more widely accepted and not as stigmatized in South Korea, which is further supported by the fact that South Korea was the highest incidence profile among all of the profiles. Furthermore, while the data does not offer any insight into people's reasoning behind deciding to undergo cosmetic surgery, the widely held belief in physiognomy and importance of appearance in vocational success would support the higher rates of cosmetic surgeries found in South Korea than in the West or globally because within the highly competitive job market, cosmetic surgery is perceived as an advantageous decision for the future.

The influences on beauty in East Asia from a feminist standpoint would appear to be influenced heavily by societal pressures and traditional notions of femininity and national identity. This is especially evident in East Asian cultures that generally laude homogeneity in society, and this appears to extend to a homogenized ideal of beauty which is supported by all three profiles being almost identical. While this idea of femininity did traditionally stem from Confucian thought that a woman's beauty resides in her motherly attributes, it does not appear that the surgeries women undergo enhance their matronly features. On the contrary, the popularity of blepharoplasty and chin augmentation appear to contradict certain traditional ideals of beauty like the moon-face as symbolizing fecundity and rounder eyes as signifying promiscuity. These procedures contradict these ideals in that blepharoplasty

(eyelid surgery) widens the eyes, and chin augmentation procedures frequently include shaving down the jaw to create a more pointed chin.

*Conclusion*

My major conclusion from this project is that the data does support that globally, certain physical features are universally accepted as beautiful, but it does not support the idea that Asians and Latin Americans undergo cosmetic procedures in an attempt to become more westernized. This finding contradicts Rani Jha's conclusions that colonialization and institutionalization of "white is better" has created deep-seeded desires to obtain a European ideal of beauty that still permeates throughout society today (2016:10).

While there were no data available for examining the reasons women undergo cosmetic procedures or what was most commonly changed in each procedure, women overall do not appear to be undergoing cosmetic procedures to achieve a 'Western' ideal of beauty. This leads me to believe that women are choosing to undergo cosmetic procedures for better vocational opportunities, marriage prospects, and in the case of Latin America, as a response to high pressures to be a 'Latina' or 'Brazilian' beauty. Lack of data on individual's reasons for undergoing cosmetic procedures was one major limitation of my data, and it is something that would be interesting to investigate in the future through surveying women in these regions about their reasons for undergoing cosmetic surgery.

Ultimately, the data point to a 'globalization' of cosmetic surgery as a profession and the globalization of the individual procedures; however, this globalization is not synonymous with westernization. The globalization of the cosmetic surgery industry can be seen through the higher prevalence of cosmetic surgery in Latin America, and specifically the fact that Brazil performed more surgical procedures than the West. The fact that the South Korean profile was the highest incidence profile overall further supports this notion. Finally, the top

ten procedures did not differ in most cases across the profiles, which shows that the procedures themselves have become globalized—women in South Korea, the United States, and Brazil are choosing to undergo the same procedures.

In relation to the feminist debates mentioned in my earlier chapter, feminists have not previously conducted a project like this before where analysis is done at the level of individual procedures, so there is not much written on how specific procedures relate to the feminist discussion. My findings suggest that age-related procedures (to correct sagging skin, wrinkles, skin discoloration, etc.) cross-culturally are some of the most common procedures, which can be highlighted by the fact that Botox is the number one procedure in every profile except for Brazil. In this context, it appears that youthfulness is synonymous with 'empowerment.'

Wolf discusses the importance of a youthful looking face to career women in the West who wish to continue upward movement in her career, but as stated above, most of the feminist literature concerning cosmetic procedures do not specifically address individual procedures. From this standpoint, it can be speculated that age-related procedures are 'empowering' in that they allow women upward economic mobility and offer women a career outside of the home. This would support the third wave feminist argument that women are undergoing cosmetic surgery not for men, but rather for workplace opportunities. Perhaps what is being documented here is the upward mobility of women—women's growing economic opportunity, even if it is based on patriarchal ideals of beauty.

Within the context of East Asia, second wave feminist notions are supported by the importance of marriage. For many East Asian women, marriage is the end goal and their long-term economic opportunity, which would likely highly influence their decisions to undergo cosmetic surgery, and more-so than in the West or in Latin America.

The data overall support a notion of some globalized ideals of beauty and factors that have been trans-culturally transmitted, but it does not support the idea that non-western regions undergo cosmetic procedures to achieve a more westernized ideal of beauty. Cosmetic procedures are more influenced by endogenous factors like history, traditional ideals of beauty and gender, and the effect of beauty on one's relationships, economic mobility, and vocational success in the local context. In conclusion, globalization, endogenous factors, and societal pressures all play a role in influencing the cosmetic industry's popularity and acceptance within a culture.

From a feminist standpoint, it is interesting to consider how beauty ideals and societal pressures would change if more countries adopted a national health care system like Brazil. I think that this would aid in destigmatizing cosmetic procedures and help create more positive perceptions of those people who undergo cosmetic surgery. This would also give women of all socio-economic backgrounds the same access to 'empowerment' through cosmetic procedures. Ultimately, I believe that cosmetic procedures are becoming a more prominent part of our society globally, and the stereotypes, stigmatizations, and criticisms of those who undergo cosmetic surgery (as proven to still exist by Tam et al and Stuart et al's studies) ignore the multi-faceted factors that influence these women's decisions. Many negative stereotypes of women who undergo cosmetic surgery include low self-esteem, vanity, or weakness to societal pressures, but all of these criticisms ignore that women can become more economically empowered by undergoing cosmetic procedures. Women in the West appear to be undergoing significantly more nonsurgical procedures than surgical procedures and the most popular procedures are age related, which are considered 'empowering' procedures. However, the fact that surgical procedures are much more common in Latin America suggest that women are undergoing cosmetic surgeries to meet patriarchal and societal ideals of beauty rather than to empower themselves economically.

As I mentioned earlier, it would be interesting to survey individuals' reasons for undergoing cosmetic surgery to learn more about whether their decisions are based on a desire to conform to a certain beauty ideal or if they have more to do with increasing workplace opportunities. It would also be interesting to conduct a survey similar to Tam (et al) but include more countries to learn more about stereotypes and stigmas about cosmetic surgery cross-culturally.

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# Appendix

**Table 33:** East Asian Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 13.819 | Lipoplasty | 4.907 | Botulinum toxin (Botox Dysport) | 13.819 |
| Hyaluronic Acid | 8.641 | Breast Augmentation | 3.422 | Hyaluronic Acid | 8.641 |
| Laser Hair Removal | 5.114 | Rhinoplasty | 3.067 | Laser Hair Removal | 5.114 |
| Lipoplasty | 4.907 | Blepharoplasty | 2.754 | Autologous Fat | 2.202 |
| Breast Augmentation | 3.422 | Abdominoplasty | 1.897 | IPL laser Treatment | 2.163 |
| Rhinoplasty | 3.067 | Breast Reduction | 1.793 | Chemical Peel | 1.265 |
| Blepharoplasty | 2.754 | Breast Lift | 1.270 | Noninvasive Tightening | 1.092 |
| Autologous Fat | 2.202 | Facelift | 1.062 | Laser Skin Resurfacing | 0.968 |
| IPL Laser Treatment | 2.163 | Lip Augmentation | 0.915 | Laser-Assisted Liposuction | 0.854 |
| Abdominoplasty | 1.897 | Otoplasty | 0.640 | Microdermabrasion | 0.562 |
| Breast Reduction | 1.793 | Forehead Lift | 0.432 | Dermabrasion | 0.351 |
| Breast Lift | 1.270 | Chin Augmentation | 0.359 | Calcium Hydroxyapatite | 0.333 |
| Chemical Peel | 1.265 | Buttock Augmentation | 0.286 | Sclerotherapy | 0.238 |
| Noninvasive tightening | 1.092 | Upper Arm Lift | 0.277 | | |
| Facelift | 1.062 | Vaginal Rejuvenation | 0.267 | | |
| Laser Skin Resurfacing | 0.968 | Lower Body Lift | 0.224 | | |
| Lip Augmentation | 0.915 | Thigh Lift | 0.175 | | |
| Laser-Assisted Liposuction | 0.854 | Buttock Lift | 0.119 | | |
| Otoplasty | 0.640 | | | | |
| Microdermabrasion | 0.562 | | | | |
| Forehead Lift | 0.432 | | | | |
| Chin Augmentation | 0.359 | | | | |
| Dermabrasion | 0.351 | | | | |
| Calcium Hydroxyapatite | 0.333 | | | | |
| Buttock Augmentation | 0.286 | | | | |
| Upper Arm Lift | 0.277 | | | | |
| Vaginal Rejuvenation | 0.267 | | | | |
| Sclerotherapy | 0.238 | | | | |
| Lower Body Lift | 0.224 | | | | |
| Thigh Lift | 0.175 | | | | |
| Buttock Lift | 0.119 | | | | |

**Table 34:** Worldwide Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 4.538 | Lipoplasty | 1.810 | Botulinum Toxin (Botox Dysport) | 4.538 |
| Hyaluronic Acid | 2.765 | Breast Augmentation | 1.720 | Hyaluronic acid | 2.765 |
| Lipoplasty | 1.810 | Blepharoplasty | 1.004 | Laser Hair Removal | 1.293 |
| Breast Augmentation | 1.720 | Abdominoplasty | 0.790 | Autologous Fat | 0.650 |
| Laser Hair Removal | 1.293 | Rhinoplasty | 0.682 | IPL Laser Treatment | 0.648 |
| Blepharoplasty | 1.004 | Breast Lift | 0.634 | Microdermabrasion | 0.476 |
| Abdominoplasty | 0.790 | Breast Reduction | 0.611 | Chemical Peel | 0.422 |
| Rhinoplasty | 0.682 | Facelift | 0.441 | Noninvasive Tightening | 0.298 |
| Autologous Fat | 0.650 | Otoplasty | 0.239 | Laser Skin Resurfacing | 0.278 |
| IPL Laser Treatment | 0.648 | Lip Augmentation | 0.207 | Calcium Hydroxyapatite | 0.201 |
| Breast Lift | 0.634 | Forehead Lift | 0.156 | Laser-Assisted Liposuction | 0.134 |
| Breast Reduction | 0.611 | Buttock Augmentation | 0.108 | Sclerotherapy | 0.114 |
| Microdermabrasion | 0.476 | Upper Arm Lift | 0.105 | Dermabrasion | 0.080 |
| Facelift | 0.441 | Chin Augmentation | 0.086 | | |
| Chemical Peel | 0.422 | Vaginal Rejuvenation | 0.080 | | |
| Noninvasive Tightening | 0.298 | Thigh Lift | 0.068 | | |
| Laser Skin Resurfacing | 0.278 | Lower Body Lift | 0.067 | | |
| Otoplasty | 0.239 | Buttock Lift | 0.035 | | |
| Lip Augmentation | 0.207 | | | | |
| Calcium Hydroxyapatite | 0.201 | | | | |
| Forehead Lift | 0.156 | | | | |
| Laser-Assisted Liposuction | 0.134 | | | | |
| Sclerotherapy | 0.114 | | | | |
| Buttock Augmentation | 0.108 | | | | |
| Upper Arm Lift | 0.105 | | | | |
| Chin Augmentation | 0.086 | | | | |
| Dermabrasion | 0.080 | | | | |
| Vaginal Rejuvenation | 0.080 | | | | |
| Thigh Lift | 0.068 | | | | |
| Lower Body Lift | 0.067 | | | | |
| Buttock Lift | 0.035 | | | | |

**Table 35:** Western Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 15.768 | Breast Augmentation | 6.282 | Botulinum Toxin (Botox Dysport) | 15.768 |
| Hyaluronic Acid | 11.148 | Lipoplasty | 5.287 | Hyaluronic Acid | 11.148 |
| Breast Augmentation | 6.282 | Blepharoplasty | 3.663 | Laser Hair Removal | 2.945 |
| Lipoplasty | 5.287 | Abdominoplasty | 2.255 | Autologous Fat | 2.027 |
| Blepharoplasty | 3.663 | Breast Lift | 2.241 | IPL Laser Treatment | 1.897 |
| Laser Hair Removal | 2.945 | Rhinoplasty | 1.983 | Chemical Peel | 1.518 |
| Abdominoplasty | 2.255 | Breast Reduction | 1.831 | Microdermabrasion | 1.370 |
| Breast Lift | 2.241 | Facelift | 1.555 | Noninvasive Tightening | 0.930 |
| Autologous Fat | 2.027 | Otoplasty | 0.933 | Laser Skin Resurfacing | 0.776 |
| Rhinoplasty | 1.983 | Forehead Lift | 0.547 | Calcium Hydroxyapatite | 0.740 |
| IPL Laser Treatment | 1.897 | Lip Augmentation | 0.530 | Sclerotherapy | 0.449 |
| Breast Reduction | 1.831 | Upper Arm Lift | 0.384 | Dermabrasion | 0.239 |
| Facelift | 1.555 | Vaginal Rejuvenation | 0.260 | Laser-Assisted Liposuction | 0.204 |
| Chemical Peel | 1.518 | Thigh Lift | 0.256 | | |
| Microdermabrasion | 1.370 | Chin Augmentation | 0.238 | | |
| Otoplasty | 0.933 | Lower Body Lift | 0.206 | | |
| Noninvasive Tightening | 0.930 | Buttock Augmentation | 0.175 | | |
| Laser Skin Resurfacing | 0.776 | Buttock Lift | 0.126 | | |
| Calcium Hydroxyapatite | 0.740 | | | | |
| Forehead Lift | 0.547 | | | | |
| Lip Augmentation | 0.530 | | | | |
| Sclerotherapy | 0.449 | | | | |
| Upper Arm Lift | 0.384 | | | | |
| Vaginal Rejuvenation | 0.260 | | | | |
| Thigh Lift | 0.256 | | | | |
| Dermabrasion | 0.239 | | | | |
| Chin Augmentation | 0.238 | | | | |
| Lower Body Lift | 0.206 | | | | |
| Laser-Assisted Liposuction | 0.204 | | | | |
| Buttock Augmentation | 0.175 | | | | |
| Buttock Lift | 0.126 | | | | |

**Table 36:** China Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 1.737 | Lipoplasty | 0.619 | Botulinum Toxin (Botox Dysport) | 1.737 |
| Hyaluronic Acid | 1.091 | Breast Augmentation | 0.423 | Hyaluronic Acid | 1.091 |
| Laser Hair Removal | 0.636 | Rhinoplasty | 0.384 | Laser Hair Removal | 0.636 |
| Lipoplasty | 0.619 | Blepharoplasty | 0.341 | IPL Laser Treatment | 0.290 |
| Breast Augmentation | 0.423 | Abdominoplasty | 0.236 | Autologous Fat | 0.271 |
| Rhinoplasty | 0.384 | Breast Reduction | 0.221 | Chemical Peel | 0.147 |
| Blepharoplasty | 0.341 | Breast Lift | 0.156 | Noninvasive Tightening | 0.135 |
| IPL Laser Treatment | 0.290 | Facelift | 0.131 | Laser Skin Resurfacing | 0.127 |
| Autologous Fat | 0.271 | Lip Augmentation | 0.114 | Laser-Assisted Liposuction | 0.107 |
| Abdominoplasty | 0.236 | Otoplasty | 0.080 | Microdermabrasion | 0.070 |
| Breast Reduction | 0.221 | Forehead Lift | 0.052 | Calcium Hydroxyapatite | 0.045 |
| Breast Lift | 0.156 | Chin Augmentation | 0.045 | Dermabrasion | 0.044 |
| Chemical Peel | 0.147 | Buttock Augmentation | 0.036 | Sclerotherapy | 0.030 |
| Noninvasive Tightening | 0.135 | Upper Arm Lift | 0.034 | | |
| Facelift | 0.131 | Vaginal Rejuvenation | 0.034 | | |
| Laser Skin Resurfacing | 0.127 | Lower Body Lift | 0.028 | | |
| Lip Augmentation | 0.114 | Thigh Lift | 0.022 | | |
| Laser-Assisted Liposuction | 0.107 | Buttock Lift | 0.015 | | |
| Otoplasty | 0.080 | | | | |
| Microdermabrasion | 0.070 | | | | |
| Forehead Lift | 0.052 | | | | |
| Chin Augmentation | 0.045 | | | | |
| Calcium Hydroxyapatite | 0.045 | | | | |
| Dermabrasion | 0.044 | | | | |
| Buttock Augmentation | 0.036 | | | | |
| Upper Arm Lift | 0.034 | | | | |
| Vaginal Rejuvenation | 0.034 | | | | |
| Sclerotherapy | 0.030 | | | | |
| Lower Body Lift | 0.028 | | | | |
| Thigh Lift | 0.022 | | | | |
| Buttock Lift | 0.015 | | | | |

**Table 37**: South Korea Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 29.2667 | Lipoplasty | 10.28537 | Botulinum Toxin (Botox Dysport) | 29.2667 |
| Hyaluronic Acid | 18.10245 | Breast Augmentation | 7.096303 | Hyaluronic Acid | 18.10245 |
| Laser Hair Removal | 10.61181 | Rhinoplasty | 6.400835 | Laser Hair Removal | 10.61181 |
| Lipoplasty | 10.28537 | Blepharoplasty | 5.835743 | Autologous Fat | 4.655537 |
| Breast Augmentation | 7.096303 | Abdominoplasty | 3.977546 | IPL laser Treatment | 4.464695 |
| Rhinoplasty | 6.400835 | Breast Reduction | 3.716394 | Chemical Peel | 2.511077 |
| Blepharoplasty | 5.835743 | Breast Lift | 2.639242 | Noninvasive Tightening | 2.229836 |
| Autologous Fat | 4.655537 | Facelift | 2.227426 | Laser Skin Resurfacing | 1.968684 |
| IPL Laser Treatment | 4.464695 | Lip Augmentation | 1.928507 | Laser-Assisted Liposuction | 1.782865 |
| Abdominoplasty | 3.977546 | Otoplasty | 1.348549 | Microdermabrasion | 1.160118 |
| Breast Reduction | 3.716394 | Forehead Lift | 0.893943 | Dermabrasion | 0.710735 |
| Breast Lift | 2.639242 | Chin Augmentation | 0.743279 | Calcium Hydroxyapatite | 0.703102 |
| Chemical Peel | 2.511077 | Buttock Augmentation | 0.595226 | Sclerotherapy | 0.497193 |
| Noninvasive Tightening | 2.229836 | Upper Arm Lift | 0.572526 | | |
| Facelift | 2.227426 | Vaginal Rejuvenation | 0.555048 | | |
| Laser Skin Resurfacing | 1.968684 | Lower Body Lift | 0.462038 | | |
| Lip Augmentation | 1.928507 | Thigh Lift | 0.361595 | | |
| Laser-Assisted Liposuction | 1.782865 | Buttock Lift | 0.246086 | | |
| Otoplasty | 1.348549 | | | | |
| Microdermabrasion | 1.160118 | | | | |
| Forehead Lift | 0.893943 | | | | |
| Chin Augmentation | 0.743279 | | | | |
| Dermabrasion | 0.710735 | | | | |
| Calcium Hydroxyapatite | 0.703102 | | | | |
| Buttock Augmentation | 0.595226 | | | | |
| Upper Arm Lift | 0.572526 | | | | |
| Vaginal Rejuvenation | 0.555048 | | | | |
| Sclerotherapy | 0.497193 | | | | |
| Lower Body Lift | 0.462038 | | | | |
| Thigh Lift | 0.361595 | | | | |
| Buttock Lift | 0.246086 | | | | |

**Table 38**: Latin America Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical Procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin | 9.612 | Lipoplasty | 7.246 | Botulinum Toxin | 9.612 |
| Lipoplasty | 7.246 | Breast Augmentation | 5.988 | Hyaluronic Acid | 4.581 |
| Breast Augmentation | 5.988 | Abdominoplasty | 3.298 | Laser Hair Removal | 3.472 |
| Hyaluronic Acid | 4.581 | Blepharoplasty | 3.044 | Autologous Fat | 2.387 |
| Laser Hair Removal | 3.472 | Breast Lift | 2.289 | Microdermabrasion | 1.967 |
| Abdominoplasty | 3.298 | Breast Reduction | 2.059 | IPL Laser Treatment | 1.607 |
| Blepharoplasty | 3.044 | Rhinoplasty | 1.758 | Chemical Peel | 1.021 |
| Autologous Fat | 2.387 | Facelift | 1.383 | Laser Skin Resurfacing | 0.823 |
| Breast Lift | 2.289 | Otoplasty | 0.860 | Noninvasive Tightening | 0.788 |
| Breast Reduction | 2.059 | Buttock Augmentation | 0.827 | Laser-Assisted Liposuction | 0.380 |
| Microdermabrasion | 1.967 | Lip Augmentation | 0.763 | Sclerotherapy | 0.351 |
| Rhinoplasty | 1.758 | Forehead Lift | 0.475 | Calcium Hydroxyapatite | 0.324 |
| IPL Laser Treatment | 1.607 | Upper Arm Lift | 0.340 | Dermabrasion | 0.202 |
| Facelift | 1.383 | Vaginal Rejuvenation | 0.302 | | |
| Chemical Peel | 1.021 | Chin Augmentation | 0.275 | | |
| Otoplasty | 0.860 | Lower Body Lift | 0.250 | | |
| Buttock Augmentation | 0.827 | Thigh Lift | 0.217 | | |
| Laser Skin Resurfacing | 0.823 | Buttock Lift | 0.114 | | |
| Noninvasive Tightening | 0.788 | | | | |
| Lip Augmentation | 0.763 | | | | |
| Forehead Lift | 0.475 | | | | |
| Laser-Assisted Liposuction | 0.380 | | | | |
| Sclerotherapy | 0.351 | | | | |
| Upper Arm Lift | 0.340 | | | | |
| Calcium Hydroxyapatite | 0.324 | | | | |
| Vaginal Rejuvenation | 0.302 | | | | |
| Chin Augmentation | 0.275 | | | | |
| Lower Body Lift | 0.250 | | | | |
| Thigh Lift | 0.217 | | | | |
| Dermabrasion | 0.202 | | | | |
| Buttock Lift | 0.114 | | | | |

**Table 39**: Argentina Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical procedures | Procedures Performed |
|---|---|---|---|---|---|
| Botulinum Toxin (Botox Dysport) | 4.379 | Lipoplasty | 3.879 | Botulinum Toxin (Botox Dysport) | 4.379 |
| Lipoplasty | 3.879 | Breast Augmentation | 3.224 | Hyaluronic Acid | 2.293 |
| Breast Augmentation | 3.224 | Abdominoplasty | 1.776 | Laser Hair Removal | 1.993 |
| Hyaluronic Acid | 2.293 | Blepharoplasty | 1.646 | Autologous Fat | 1.424 |
| Laser Hair Removal | 1.993 | Breast Lift | 1.166 | Microdermabrasion | 1.093 |
| Abdominoplasty | 1.776 | Rhinoplasty | 1.096 | IPL Laser Treatment | 0.855 |
| Blepharoplasty | 1.646 | Breast Reduction | 1.068 | Noninvasive Tightening | 0.551 |
| Autologous Fat | 1.424 | Facelift | 0.740 | Chemical Peel | 0.530 |
| Breast Lift | 1.166 | Otoplasty | 0.520 | Laser Skin Resurfacing | 0.473 |
| Rhinoplasty | 1.096 | Buttock Augmentation | 0.516 | Laser-Assisted Liposuction | 0.356 |
| Microdermabrasion | 1.093 | Lip Augmentation | 0.505 | Sclerotherapy | 0.184 |
| Breast Reduction | 1.068 | Forehead Lift | 0.259 | Dermabrasion | 0.130 |
| IPL Laser Treatment | 0.855 | Vaginal Rejuvenation | 0.193 | Calcium Hydroxyapatite | 0.045 |
| Facelift | 0.740 | Upper Arm Lift | 0.192 | | |
| Noninvasive Tightening | 0.551 | Chin Augmentation | 0.167 | | |
| Chemical Peel | 0.530 | Lower Body Lift | 0.145 | | |
| Otoplasty | 0.520 | Thigh Lift | 0.123 | | |
| Buttock Augmentation | 0.516 | Buttock Lift | 0.067 | | |
| Lip Augmentation | 0.505 | | | | |
| Laser Skin Resurfacing | 0.473 | | | | |
| Laser-Assisted Liposuction | 0.356 | | | | |
| Forehead Lift | 0.259 | | | | |
| Vaginal Rejuvenation | 0.193 | | | | |
| Upper Arm Lift | 0.192 | | | | |
| Sclerotherapy | 0.184 | | | | |
| Chin Augmentation | 0.167 | | | | |
| Lower Body Lift | 0.145 | | | | |
| Dermabrasion | 0.130 | | | | |
| Thigh Lift | 0.123 | | | | |
| Buttock Lift | 0.067 | | | | |
| Calcium Hydroxyapatite | 0.045 | | | | |

**Table 40:** Brazil Profile of Cosmetic Procedures Performed in 2011 (per 10,000 people)

| Total Procedures | Procedures Performed | Surgical Procedures | Procedures Performed | Nonsurgical procedures | Procedures Performed |
|---|---|---|---|---|---|
| Lipoplasty | 10.52815 | Lipoplasty | 10.52815 | Botulinum Toxin (Botox Dysport) | 8.969737 |
| Botulinum Toxin (Botox Dysport) | 8.969737 | Breast Augmentation | 7.428875 | Hyaluronic Acid | 3.9412 |
| Breast Augmentation | 7.428875 | Abdominoplasty | 4.737939 | Laser Hair Removal | 3.515253 |
| Abdominoplasty | 4.737939 | Blepharoplasty | 4.502398 | Autologous Fat | 3.119377 |
| Blepharoplasty | 4.502398 | Breast Reduction | 3.312278 | IPL Laser Treatment | 1.979378 |
| Hyaluronic Acid | 3.9412 | Breast Lift | 3.239616 | Chemical Peel | 1.493285 |
| Laser Hair Removal | 3.515253 | Rhinoplasty | 2.184796 | Microdermabrasion | 1.255252 |
| Breast Reduction | 3.312278 | Facelift | 1.919233 | Laser Skin Resurfacing | 1.129976 |
| Breast Lift | 3.239616 | Otoplasty | 1.435685 | Noninvasive Tightening | 0.64139 |
| Autologous Fat | 3.119377 | Lip Augmentation | 1.162541 | Laser-Assisted Liposuction | 0.350792 |
| Rhinoplasty | 2.184796 | Buttock Augmentation | 1.069831 | Sclerotherapy | 0.300672 |
| IPL Laser Treatment | 1.979378 | Forehead Lift | 0.568728 | Dermabrasion | 0.200431 |
| Facelift | 1.919233 | Vaginal Rejuvenation | 0.450983 | Calcium Hydroxyapatite | 0.137793 |
| Chemical Peel | 1.493285 | Upper Arm Lift | 0.425948 | | |
| Otoplasty | 1.435685 | Lower Body Lift | 0.323214 | | |
| Microdermabrasion | 1.255252 | Thigh Lift | 0.310696 | | |
| Lip Augmentation | 1.162541 | Chin Augmentation | 0.298178 | | |
| Laser Skin Resurfacing | 1.129976 | Buttock Lift | 0.095204 | | |
| Buttock Augmentation | 1.069831 | | | | |
| Noninvasive Tightening | 0.64139 | | | | |
| Forehead Lift | 0.568728 | | | | |
| Vaginal Rejuvenation | 0.450983 | | | | |
| Upper Arm Lift | 0.425948 | | | | |
| Laser-Assisted Liposuction | 0.350792 | | | | |
| Lower Body Lift | 0.323214 | | | | |
| Thigh Lift | 0.310696 | | | | |
| Sclerotherapy | 0.300672 | | | | |
| Chin Augmentation | 0.298178 | | | | |
| Dermabrasion | 0.200431 | | | | |
| Calcium Hydroxyapatite | 0.137793 | | | | |
| Buttock Lift | 0.095204 | | | | |